i i	Date First New Oil Run To Tanks			Date of Test		Producing Method (Flo		(0.)				
٧.	TEST DATA AN OIL WELL					lepth or be for full 24 hou	3)					
•	mmom to 4 m s. 4 a s.	ח חרסיי	rem r	OP ALLOWARI	E (Tast must be	after recovery of total vol	ume of load oil an	d must be equal to or	exceed top allo			
	2 3/8" 7445' Tubing											
- }	<u>    8   3/4''  &amp;  7</u>	<u>7/8''</u>		4 1/2"		7580 '	<u> </u>	<del></del>	· ·			
ļ	13 3/4"							224 cu.f				
	HOLE SIZE				9 5/8"		C. 1	224 cu.ft.				
						D CEMENTING RECORD DEPTH SET		SACKS CEMENT				
	7267', 7366	', 739	1', 7					7580 '				
	6661 GL			Dakota			7267		7445 tepth Casing Shoe			
	11- 0-1 Elevations (DF, RK)		, etc.,	Name of Producting		Top CH/Gas Pay		Tubing Depth	<del> </del>			
	Date Spudded 11-6-7		I	Date Compl. Read	y to Prod.	Total Depth 75801	<del>-                                    </del>	P.B.T.D. 7562'	<u> </u>			
<b>v</b> .	Designate Ty		mpletic	on – (X)	ŧ	New Well Workover	Deepen	Plug Back   Same Res	'v. Diff. Res'v			
			gled wi		ther lease or pool	, give commingling orde	r number:		t.			
	If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When give location of tanks. G 2 26N 7W											
	El Paso Natural Gas Company Box 990, Farmington, New Mexico 87401											
	Name of Authorized				ct Dty Gas 🗓 🗓	•						
i	El Paso Natural Gas Company  Box 990, Farmington, New Mexico 87401  Name of Authorized Transporter of Casinghead Gas or Dry Gas X  Address (Give address to which approved copy of this form is to be sent)											
 	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
TT -	DESIGNATION O	F TRAN	SPOR'	TER OF OIL AN	D NATURAL G	AS						
l	Line of Section	2	Tov	wnship 26N	Range	W , NMPI	A, KIO Arr	.TDS	County			
	Unit Letter G : 1690 Feet From The North Line and 1725 Feet From The East  Line of Section 2 Township 26N Bange 7W NMPM Rio Arriba County											
	Location	<u></u>	160		North	<b>17</b> 25	part Program	East				
	Rin <b>c</b> on	Unit		201	Basin Dako	ta	State, Federal o	r Fee	E-291-3			
12.	Lease Name	T AELL	(A) TE	Well No. Poo	oi Name, Including	Formation	Kind of Lease		Lease No.			
13	DESCRIPTION O	e weit	AND	I FASE								
	If change of owners and address of prev							,				
l	Change in Ownership	٢ــا		Craindueag O	Conde							
	Recompletion Change in Ownership	H		Oil Casinghead G	Dry G	ensate						
	New Well X Change in Transporter of:											
Ì	Reason(s) for filing (Check proper box)  Other (Please explain)											
	Box 990, Farmington, New Mexico 87401											
	El Paso Natural Gas Company											
1.	PRORATION OFFICE Operator											
	OPERATOR .		/	_								
	TRANSPORTER	GAS	/						•			
-	TO A MEDODITED	OIL	7	1								
ŀ	LAND OFFICE			AUTHORIA	ZATION TO TR	ANSPURT UIL AND	NATURAL GA	2	•			
- 1	FILE /			AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
	F" 45 47		,	<b>1</b>	KEGOESI			Effective 1-1-6				
	SANTA FE	1	/ 1	1	DEULIECT	FOR ALLOWABLE		Supersedes Ola	I C-104 and C-1			

FEB Water - Bbls. Oil-Bbls. Actual Prod. During Test CON. COM

DIST. 3 GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D 3236 3 Hours Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) <u>3/</u>4" 1600 2403 Calc. A.O.F.

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information Tive and complete to the best of my knowledge and belief.

bove is true and	complete to t	ne best	or my know	viedfe aug perier.
a* 1	1	•		
- H. D.	12000	0		
		(sature)		
	D <b>rill</b> ing (	Clerk		
		Title)		•
	1-30-74			

(Date)

## OIL CONSERVATION COMMISSION

1974 FEB Original Signed by Emery C. Arhold APPROVED SUPERVISOR DIST. #3 TITLE .

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells...