DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS /	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS ANSPORTER OIL  ANSPORTER			Form C-104 Supersedes Old C-104 and C-11 Elfective 1-1-65
DPERATOR  PROPATION OFFICE  Ciperator  E1 Paso Natural Gas Co  Address  P. O. Box 990, Farming  Reason(s) for filing (Check proper box)  New We!!	ton, NM _87401	Other (Please	explain)	
Flecompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condens	<b>~</b>		01/2
If change of ownership give name and address of previous owner				
	243 Ballard PC  Pool Name, Including Fo	e and1140		E
Line of Section 14 Town  I. DESIGNATION OF TRANSPORT	mship 25N Range	7W , NMPM	, Rio Ari	riba County
Name of Authorized Transporter of Oil  El Paso Natural Gas Co Name of Authorized Transporter of Cas  El Paso Natural Gas Co  If well produces oil or liquids, qive location of tanks.	or Condensate X  Ompany  Singhead Gas or Dry Gas X	Address (Give address	Farmington to which approved a	n, NM 87401 nopy of this form is to be sent) nopy of this form is to be sent)
If this production is commingled wit V. COMPLETION DATA	th that from any other lease or pool, i	give commingling orde		ug Back   Same Restv.   Diff. Restv.
Designate Type of Completion		X Total Depth		B.T.D.
08-12-74 Elevations (DF, RKB, RT, GR, etc.)	10-09-74 Name of Producing Formation Pictured Cliff	2447! Top Xil/Gas Pay 2358		2437 Lubing Depth Tubingless Beth Casing Shoe
Perforations 2358-66', 2372-82', 2394-2402'				2447 '
HOLE SIZE	TUBING, CASING, AND	DEPTH'S		SACKS CEMENT
12 1/4" 6 3/4"	8 5/8" 2 7/8" Tubingless	112' GL 2447'		106 cu. ft. 258 cu. ft.
V. TEST DATA AND REQUEST FOOL WELL	OR ALLOWABLE (Test must be a able for this de	pth or be for full 24 hour	3)	must be equal to or exceed top allou
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo		
Length of Test	Tubing Pressure	Casing Pressure		hoke Size
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	G	as-MCF
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		ravity of Condensate
Testing Method (pitot, back pr.)	3 hours Tubing Pressure (Shut-in)	Cashid cash and Camer = ,		hoke Size
Calc. A.O.F.  I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION OCT 25 1974		
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Original Signed by Elegy C. Arnold  BY		
		BYSUPERVISOR DISP. #3		
		TITLE		

(Signature)

(Title)

(Date)

Drilling Clerk

October 22, 1974

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 RULE 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.