NC. OF COPIES RECEIVED		 	3		
DISTRIBUTION					
SANTA FE		1			
FILE		. /	7		
U.\$.G.S.		i			
LAND OFFICE					
IRANSPORTER	OIL	/			
THANS! ON EN	GAS	[/]			
OPERATOR					
PRORATION OF					
Operator El Paso Natural Gas Con					

	DISTRIBUTION /		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65						
-	FILE	4	AND							
ŀ	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	AS						
ł	OIL /	-								
	TRANSPORTER GAS /									
ı	OPERATOR /									
1.	PRORATION OFFICE			·						
Operator El Paso Natural Gas Company Address										
						PO Box 990, Farmington, NM 87401				
	Reason(s) for filing (Check proper box) Other (Please explain)									
	New Well									
	Recompletion	OII Dry Gas Casinghead Gas Condens	≒ 1							
1	Change in Ownership Casinghead Gas Condensate									
	If change of ownership give name									
	and address of previous owner									
II.	II. DESCRIPTION OF WELL AND LEASE									
	Lease Name	Well No. Pool Name, Including Fo 2 Basin Dakota	rmation Kind of Lease State, Federal							
	Nageezi	2 Dasiii Dakota		14141 0023						
	Location	1900 Couth	and 800 Feet From T	the West East						
	Unit Letter ;	1800 Feet From The South Line	and 800 reet rom 1	ne rest court						
	Line of Section 1	Township 25N Range	9W , NMPM, Sa	an Juan County						
III.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GAS	S Address (Give address to which approv	ed copy of this form is to be sent)						
	Name of Authorized Transporter of		i	1						
	El Paso Natural Gas	Company Casinghead Gas or Dry Gas v	PO Box 990, Farming Address (Give address to which approv	eed copy of this form is to be sent)						
	El Paso Natural Gas		PO Box 990, Farmin	i						
		Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	<u> </u>						
	If well produces oil or liquids, give location of tanks.	I 1 25N 9W								
	If this production is commingled	with that from any other lease or pool,	give commingling order number:							
	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.						
	Designate Type of Comple		X ;							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
•	7-30-73	9-26-73	6687'	6670'						
	Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top 🕅 /Gas Pay	Tubing Depth						
	6442'GL	Dakota	6376'	6622* Depth Casing Shoe						
	Perforations 6376-94', 6404-14',	6476-82', 6494-6506', 6558-	66'. 6578-6600'	6687'						
	Perforations 6376-94', 6404-14', 6476-82', 6494-6506', 6558-66', 6578-6600' 6687' TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS				SACKS CEMENT						
	12 1/4"	8 5/8"	209'	189 cu. ft.						
	7 7/8"	4 1/2"	6687'	1969 cu.ft.						
		2 3/8"	6622'	tubing						
				l						
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to able for this depth or be for full 24 hours)										
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)						
	Balo , ilo									
	Length of Test	Tubing Pressure	Casing Pressure	Phone Size						
			Water - Bbis. RLUL	Gu-MCF						
	Actual Prod. During Test	Oil-Bble.								
	1		OCT	5 1973						
	GAS WELL			CC						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMGFOIL CON							
	1535	3 hrs.	30 DIST	43.3						
	Testing Method (pitot, back pr.) Calc. AOF	Tubing Pressure (shut-in)	Casing Pressure (Shut-in) 2233	3/4"						
				ATION COMMISSION						
VI.	CERTIFICATE OF COMPLI	ANCE	0.0							
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED 0CT 5 1973 19							
			Original Signed by Emery C. Arnold							
above is true and complete to the best of my knowledge and belief.			BY Original Digital by							
			TITLE SUPERVISOR DIST. #3							
	1 1, 1		This form is to be filed in	compliance with RULE 1104.						
	1. 1. B. A.	्र _ं च	as at the services for allowable for a newly drilled or deepened							
Drilling Clerk (Title) October 4, 1973			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.							
								(Date)	Separate Forms C-104 mus	at be filed for each pool in multiply
									completed wells.	