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SANTA FE		1	
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U.S.G.5.			
LAND OFFICE			
IRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		2	
PRORATION OFFICE			

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-1(4 and C-116		
	FILE / w	<del> </del>	AND	Effective 1-1-65		
	U.S.G.5.	_ AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (	GAS		
	LAND OFFICE	-				
	TRANSPORTER GAS /					
	OPERATOR 2	-				
I.	PRORATION OFFICE					
•	Operator					
	El Paso Natura	L Gas Company				
	Address	Box 990, Farmington, New Mexico - 87401				
	Reason(s) for filing (Check proper bo		Other (Please explain)			
	New Weil	Change in Transporter of:	Office (Frease explain)			
	Recompletion	Oil Dry Go	rs			
	Change in Ownership	Casinghead Gas Conde	<del></del>			
	If change of ownership give name and address of previous owner					
	and address of previous owner					
II.	DESCRIPTION OF WELL AND	LEASE	ormation Kind of Leas			
	Lease Name	Well No. Pool Name, Including F		l en Foo		
	Rincon Unit	146 Basin Dakot		SP (79365-		
		Peet From The North Lir	1550 5	The <b>Rest</b>		
	Unit Letter G; 162	Feet From The the Lir	reet From	1 ne		
	Line of Section 23 To	ownship <b>27M</b> Range	6W , NMPM, Rio Arr	The County		
Ш.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS			
	Name of Authorized Transporter of O		Address (Give address to which appro			
	El Paso Nature Name of Authorized Transporter of Co		Box 990, Farmington, Address (Give address to which appro			
	Il Page Nature		Box 990, Farmington,			
	***************************************	Unit Sec. Twp. Rge.	Is gas actually connected? Wh			
	If well produces oil or liquids, give location of tanks.	G 23 27N 6W				
		ith that from any other lease or pool,	give commingling order number:			
	COMPLETION DATA	ith that from any other lease of poor,	give comminging order number.			
	Designate Type of Complet	Oil Well Gas Well	New Well Workover Deeper.	Plug Back   Same Res'v. Diff. Res'v.		
		, д	X			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	10-15-68 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	'7800' Top <b>xx</b> /Gas Pay	Tubing Depth		
	6629' GL	Dekota	7536	7510'		
	Perforations			Depth Casing Shoe		
	7536-48, 7560-66, 7602-08, 7632-44, 7688-94, 7708-14, 7742-48 78001					
			D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12 1/4"	8 5/8"	234'	170 Sks.		
	7 7/8 <sup>11</sup>	1 1/2"	7800'	590 Sks.		
		2 3/8"	7500'			
•,	THE PARK AND PROJECT I	FOR ALLOWARIE (Test Twee be of	often recovery of total values of land ail	and must be equal to or exceed top allow-		
٧.	OIL WELL	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)		
				/ KLULIVED		
	Length of Test	Tubing Pressure	Casing Pressure	Cheke Size		
		Oil-Bbls.	Water - Bhis.	Gas ACF JAN 3 1969		
	Actual Prod. During Test	OII-BBIS.	1,410 22.15.	OIL CON COM		
				DIST. 3		
	GAS WELL			0131. 3		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	4389	3 Hours				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Calculated A.O.F.	25841	2606*	3/4"		
VI.	CERTIFICATE OF COMPLIAN	NCE	OIL CONSERVA	ATION COMMISSION		
			ABBROVER	JWN 3 1 1909		
	I hereby certify that the rules and	regulations of the Oil Conservation with and that the information given	H APPROVED IJ			
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Original stance by  Carl E. Matthewar.  (Signature)		DV TURNING CO.			
			SUPERVISOR DIST. #3			
			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			
	Petroleum Enginee		tests taken on the well in accordance with RULE 111.			
(Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.				
	12-6-68 (Date)		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			
			Separate Forms C-104 mus completed wells.	st be inted for each pool in multiply		
			···			