HO. OF COPIES RECE	1.5		
DISTRIBUTION			
SANTA FE	1		
FILE U.S.G.S.		1	
		Ĺ	
LAND OFFICE			
TRANSPORTER	OIL	1	<u> </u>
INANSPORTER	GAS	1/_	
OPERATOR		/_	
PRORATION OFFICE		1	1
Operator	-		

}	DISTRIBUTION /	REQUEST F	NSERVATION COMMISSION OR ALLOWABLE ,	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
-	FILE	AND S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
-	LAND OFFICE						
	TRANSPORTER GAS /						
	OPERATOR /						
1.	PRORATION OFFICE						
	Operator El Paso Natural Gas Company						
-	Litras						
	PO Box 990, Farmington, NM 87401						
-	Reason(s) for filing (Check proper box) Other (Please explain)						
	New Well	Change in Transporter of:					
	Recompletion	Oil Dry Gas					
١	Change in Ownership	Casinghead Gas Condens	ate				
,							
	If change of ownership give name and address of previous owner						
Ħ.	DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease CF 070303						
	Lease Name SFI 079393						
	San Juan 27-5 Offic 149 Tapacito Troops						
	Location J 1840 South Line and 1550 East East						
	Unit Letter;;	Feet From TheLine	ana				
	6 72	mship 27N Range	5W , NMPM,	Rio Arriba County			
	Line of Section 6 Tow	manip Z/IV					
	TO ANCEDOR	TER OF OIL AND NATURAL GAS	S				
III.	Canada Transporter of Off	or Condensate	Address (Give address to which approve PO Box 990, Farmington	NM 87401			
	El Paso Natural Ga	S Company					
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X	Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM 87401				
	El Paso Natural Ga	s Company					
		Unit Sec. Twp. P.ge.	Is gas actually connected? When				
	If well produces oil or licuids, give location of tanks.	I 6 27N 5W					
If this production is commingled with that from any other lease or pool, give commingling order number:							
If this production is commingted with that the life in							
•••			Non her				
	Designate Type of Completic	on – (A) X	X Total Depth	P.B.T.D.			
	Date Spudded	Date Compl. Ready to Prod. 7-2-73	3458'	3447'			
	5-1-73	Name of Producing Formation	Top 🕵1/Gas Pay	Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Pictured Cliffs	3340'	tubingless			
	6558'GL	Pictured Cities) 00.10	Depth Casing Shoe 34581			
	Perforations 3340-50' and 3361-81'			3436			
	TUBING, CASING, AND C		CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12 1/4"	8 5/8"	124'	106 cu.ft.			
	6 3/4"	2 7/8"	3458'	250 cu. ft.			
	0 0/4						
				PETER N			
47	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be appealed or able for this depth or be for full 24 hours)						
able for this depth of be for just 24 hours?							
	Date First New Oil Run To Tanks	Date of Test	Fredering manual (/ · · · · · · · · · · · · · · · · · · ·			
		Tubing Processing	Casing Pressure	Choke Size			
	Length of Test	Tubing Pressure		\ O''			
		Oil-Bbls.	Water - Bbls.	Gas-NCF			
	Actual Prod. During Test	022.67					
	l	1					
CACHELL				To any of Contacts			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	2650	3 hrs.		No. the State			
	Testing Method (pitot, pack pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 3/4"			
	Celc. AOF	tubingless	1082				
	CERTIFICATE OF COMPI IAN	NCE	OIL CONSERV	ATION COMMISSION			
V	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 given above is true and complete to the best of my knowledge and belief.		JUL 2 0 19/	J, 19			
			APPROVED JUL 2 0 197	A P Kendrick			
			BY Original Signed by A. R. Kendrick TITLE PETROLEUM ENGINEER DIST. NO. 3				
			TITLE				
			This form is to be filed in	compliance with RULE 1104.			
			If this is a request for allo	wable for a newly drilled or despendence			
			well, this form must be accomp tests taken on the well in accomp	ordance with RULE 111.			
			All sections of this form must be filled out completely to allow				
(Title)		able 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.

(Date)

July 18, 1973