1.	DISTRIBUTION SANTA FE / F LE / L S.G.S. LANC OFFICE IRANSPORTER OIL / GAS / OPERATOR / PROBATION OFFICE	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL (Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65		
	Operator El Paso Natural	Gas Company				
	PO Box 990, Farmington, NM 87401					
	PO Box 990, Farmington, NM 87401 Reason(s) for filing (Check proper box) Other (Please explain)					
	New We!! Recompletion Change in Ownership	Change in Transporter of: Oil Dry Go Casinghead Gas Conde				
	If change of ownership give name and address of previous owner			,		
Ħ.	DESCRIPTION OF WELL AND I	LEASE. Well No. Pool Name, Including F	ormution Kind of Lease	e Lease No.		
	Rincon Unit	220 Largo Cha				
	Location			4		
	Unit Letter 0; 1190	Feet From The South Lir	ne and Feet From .	The East		
	Line of Section 28 Tow	vaship 27N Range	7W , NMPM, Rio A	rriba County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to w				ved copy of this form is to be sent)		
	El Paso Natural Gas Company PO Box 990, Farmington, NM 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)					
	El Paso Natural	Gas Company Tunit Sec. Twp. Rge.	PO Box 990, Farming			
	If well produces oil or liquids, give location of tanks.	O 28 27N 7W				
	f this production is commingled with that from any other lease or pool, give commingling order number:					
	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completio		x	1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	7-24-77	9-29-77	4136'	4125'		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Tcp y @:1/Gas Pay 3884 '	Tubing Depth tubingless		
	6653 GR	Chacra		Depth Casing Shoe		
	3884 , 3889	1,3922', 3926', 3948 100', 4103'	', 3953', 3958',	4136'		
			D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	133'	SACKS CEMENT 106 cu.ft.		
	12 1/4"	2 7/8"	4136'	620 cu.ft.		
	0 3/ 3	tubingless				
				<u>L</u>		
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must able for this depth or be for full 24 hours)						
	Date First New Oil Run To Tanks	Date of Test	Freducing Method (Flow, pump, gas li			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water - Bble.	Gas-MC		
				1 012 121		

GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Bole. Condensate/MMCF

Gravity of Condensate

Testing Method (pitot, back pr.)

Tubing Pressure (shut-in)

Casing Pressure (shut-in)

Choke Size

APPROVED HAVE

BY___

TITLE .

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.

D. B. Buses			
Drilling Clerk (Signature) October 26, 1977			

(Date)

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

Original Signed by A. R. Kendri

STREETISON DISE. 20

OIL CONSERVATION COMMISSION

If this is a request for allowable for a newly drilled or deepened well, thus form must be accompanied by a tabulation of the deviation to all a keen on the well in accordance with RULE 111.

 $Ail\ sections$ 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.