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SANTA FE		1		
FILE		7	س	-
U.S.G.S.		1		
LAND OFFICE				
IRANSPORTER	OIL	1		
THANS! ON ER	GAS	1		
OPERATOR	1			
PRORATION OF	ICE			
Operator				
EL PA	ASO C	IL	& G	A
Address				_
P. O.	Box 3	1560), F	'a
Reason(s) for filing (Check p	roper	box)	
New Well				
Recompletion				
Change in Ownership	X			
If change of owners and address of prev			ne E	L

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

1

	5015	-/,	REQUEST	FOR ALLOWABLE			ersedes Old (ctive 1-1-65	C-104 and C-11	
	FILE	1 -		AND			ctive 1-1-92		
	U.S.G.S.		AUTHORIZATION TO TRA	ANSPORT OIL AND I	NATURAL 0	:A3			
	LAND OFFICE	,	4						
	TRANSPORTER OIL								
	GAS	/ _							
	OPERATOR	-							
1.	PRORATION OFFICE Operator	L	<u> </u>			···			
		L & C	GAS COMPANY						
	P. O. Box 15		Farmington, New Mexico	87401					
	Reason(s) for filing (Check pro	oper box,)	Other (Please	e explain)				
	New Well		Change in Transporter of:						
	Recompletion		Oil Dry Go						
	Change in Ownership X		Casinghead Gas Conde	nsate EFFE	ECTIVE DA	ATE - JAI	NUARY 1	l, 1969	
	If change of ownership give and address of previous own	name E	L PASO PRODUCTS COMP	ANY, P. O. Box	1560, Far	mington,	N. M.	87401	
II.	DESCRIPTION OF WELL	AND	LEASE Well No. Pool Name, Including F		1167-3-41				
	1		! !		Kind of Lease	redera		Leas e No.	
	Western B		1 Basin Dakot	ta	State, Federa	or ree		78899-A	
			_				Comi	m. 7269	
	Unit Letter H;	241	0 Feet From The North Lin	ne and <u>890</u>	Feet From 7	The East			
	Line of Section 8	Tov	vnship 26 North Range 1	I West , NMPM	ı, S	San Juan		County	
***	DESIGNATION OF TRANS	ic n on	DED OF OUR AND MARKINAL CA	. ~					
III.	Name of Authorized Transporte		or Condensate X	Address (Give address	to which approx	ed copy of th	is form is to	be sent)	
	Inland Corporation						-	•	
	Name of Authorized Transporte		singhead Gas or Dry Gas X	P. O. Box 15. Address (Give address	co, Farmi to which approx	HELON, IN	. 1V1 . 8/4 is form is to	be sent)	
	El Paso Natural		• • •	1				•	
	El Paso Natural	Gas C	Unit Sec. Twp. Age.	P. O. Box 990, Farmington, N. M. 87401					
	If well produces oil or liquids, give location of tanks.	•	1 1		ed? wre				
	give location of tanks.		H 8 26N 11W	Yes	 	10-13-6	10	·	
Y 3 7	-	gled wit	h that from any other lease or pool,	give commingling orde	r number:			······································	
1V.	COMPLETION DATA		Oil Well Gas Well	New Well Workover	Deepen	Plug Back	Same Resty	. Diff. Res'v.	
	Designate Type of Con	mpletic	on = (X)		1 .	1	1	1	
	Date Spudded		Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	1	<u></u>	
						-			
	Elevations (DF, RKB, RT, GR	, etc.j	Name of Producing Formation	Top Oil/Gas Pay	 	Tubing Dep	th		
	Perforations		· · · · · · · · · · · · · · · · · · ·			Deptir Casir	ig Shoe		
	HOLE SIZE		TUBING, CASING, AND	DEPTH S			CKS CEME	·NT	
	HOLE SIZE	•	CASING & FOBING SIZE	DEFIRS	<u> </u>	3,	ICKS CEME	.nı	
		 			 	 		·	
	ļ							· · · · · · · · · · · · · · · · · · ·	
						 			
. .			D 477 0114 D7 E	1					
ν.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to an exceed top allow able for this depth or be for full 24 hours)								
	Date First New Oil Run To Ta	nks	Date of Test	Producing Method (Flow		t, etc.) /			
								1 66	
	Length of Test		Tubing Pressure	Casing Pressure		Choke Size		1	
							JEM 24	1 1989	
	Actual Prod. During Test		Oil-Bbls.	Water-Bbls.		Gas-MCF		7	
						\(DIL CON.	. COM.	
	' <u></u>						OIST.	. 3	
	GAS WELL								
	Actual Prod. Test-MCF/D		Length of Test	Bbls. Condensate/MMC	F	Gravity of C	Condensate		
	Testing Method (pitot, back pr	r.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	:-in)	Choke Size			
				<u> </u>		1			
VI.	CERTIFICATE OF COM	E OF COMPLIANCE		OIL	CONSERVA				
						J.	AN 24 19	9 69	
	hereby certify that the rules and regulations of the Oil Conservation		APPROVED			, 1	9		
	Commission have been complied with and that the information given			By Original Signed by Emery C. Arnold					
	bove is true and complete to the best of my knowledge and belief.								
				TITLESUPERVISOR DIST. #3					
				This form is to be filed in compliance with RULE 1104.					
	1 11hinn	William K. Speer				-			
	- Julian	(Signature)		If this is a req well, this form mus	t be accompai	nied by a tal	bulation of	the deviation	
		Agent			well in accor	dance with	RULE 111.		
		All sections of	this form mu	st be filled a	out complete	ely for allow-			
	T.	(Title) January 20, 1969			able on new and recompleted wells. Fill out only Sections I II III and VI for changes of owner				
	J			Fill out only Sections I. II. III, and VI for changes of owner,					

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.