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NO. OF COPIES RECEIVED DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMM 3SION	Form C-1(4
SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1. Effective 1-1-65
FILE	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL GA	15
LAND OFFICE	AUTHORIZATION TO TRA	191 OKT OIL AND HATOKAL OF	.0
TRANSPORTER			
GAS	_		
PRORATION OFFICE			
Operator			
El Paso Natural GAs	Company		
Box 990, Farmington,	New Mexico		
Reason(s) for filing (Check proper box	0	Other (Please explain)	
tiew Well	Change in Transporter of: Oil Dry Go	rs T	
Theocompletics.	Casinghead Gas Conde		
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	LEASE		
Lease Marie	Well no. Pool No	tme, Including Formation	Kind of Lease State, Federal or Fee
Huerfanito Unit	80 38.	sin Dakota	Totalo, 1 X
Location Unit Letter B : 990	Feet From The North	ne and <u>1650</u> Feet From T	he Fast
			Tuen County
Line c: Section 10 , To	ewnship 26N Range	9W , NMPM, San	Juan County
El Paso Natural Gas Name of Authorized Transporter of C El Paso Natural Gas If well produces oil or liquids,	Company Unit Sec. Twp. Rge.	Box 990, Farmington, No Address (Give address to which approx Box 990, Farmington, 1s gas actually connected?	new Mexico
Name of Authorized Transporter of C El Paso Natural Gas If well produces oil or liquids, give location of tanks.	Company Unit Sec. Twp. Rge. B 10 26N 9W	Address (Give address to which approx Box 990, Farmington, Is gas actually connected? Whe	new Mexico
Name of Authorized Transporter of C El Paso Natural Gas If well produces oil or liquids, give location of tanks.	Company Unit Sec. Twp. Rge.	Address (Give address to which approx Box 990, Farmington, Is gas actually connected? Whe	New Mexico
Name of Authorized Transporter of C El Paso Natural Gas If well produces oil or liquids, give location of tanks. If this production is commingled w	Company Unit Sec. Twp. Rge. B 10 26N 9W with that from any other lease or pool	Address (Give address to which approx Box 990, Farmington, Is gas actually connected? When give commingling order number:	New Mexico Plug Back Same Res'v. Diff. Res
Name of Authorized Transporter of C El Paso Natural Gas If well produces oil or liquids, give location of tanks. If this production is commingled well completion data.	Company Unit Sec. Twp. Rge. B 10 26N 9W with that from any other lease or pool Cil Well Gas Well Date Compl. Fleady to Prod.	Address (Give address to which approximately Box 990, Farmington, Is gas actually connected? When the work of the	New Mexico Plug Back Same Restv. Diff. Res
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Name of Authorized Transporter of C El Paso Natural Gas If well preduces oil or liquids, give location of tanks. If this production is commingled with the COMPLETION DATA Designate Type of Complete Date Spudied 7-4-65 Pool Basin Dakots Perforations	Company Unit Sec. Twp. Rge. B 10 26N 9W with that from any other lease or pool Cil Well Gas Well Date Compl. Ready to Prod. 7-24-65 Name of Producing Formation Dakots	Address (Give address to which approx Box 990, Farmington, Is gas actually connected? When give commingling order number: New Well Workover Deepen	Plug Back Same Res'v. Diff. Res' P.B.T.D. C.O. 6600 Tubir g Depth 6528 Depth. Casing Snoe
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Name of Authorized Transporter of C El Paso Natural Gas If well preduces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completed Date Spudied 7-4-65 Pool Basin Dakota Perforations 6421-29, 6454-56, 69 HOLE SIZE 15" 7 7/8" TEST DATA AND REQUEST OIL WELL Date First New Cil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	Company Unit Sec. Twp. Rge. B 10 26N 9W with that from any other lease or pool Cil Well Gas Well Date Compl. Ready to Prod. 7-24-65 Name of Producing Formation Dakots 515-19, 6530-38 TUBING, CASING, AN CASING & TUBING SIZE 9 5/8" 7" & 5 1/2" FOR ALLOWABLE (Test must be able for this Date of Test Tubing Pressure Oil-Bbls.	Address (Give address to which approx Box 990, Farmington, Is gas actually connected? Whe give commingling order number: New Well Workover Deepen X Total Depth 6749 Top xx/Gas Pay 6421. ND CEMENTING RECORD DEPTH SET 303! 6749! after recovery of total volume of load oil depth or be for full 24 hours) Producing Method (Flow, pump, gas leading Pressure)	Plug 3ack Sane Res'v. Diff. Res' P.B. T.D. C.O. 6600 Tubing Depth 6528 Depth Casing Snoe 6749' SACKS CEMENT 300 Sks. 450 Sks. and must be equal to or exceed top all ift, etc.; Choise SEP 3 1965 OIL CON. COM.
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Name of Authorized Transporter of C El Paso Natural Gas If well preduces oil or liquids, give location of tanks. If this production is commingled w. COMPLETION DATA Designate Type of Complet Date Spudded 7-4-65 Pool Basin Dakota Perforations 6421-29, 6454-38, 69 HOLE SIZE 15" 7 7/8" TEST DATA AND REQUEST OIL WELL Date First New Cil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D 5289 MCF/D Testing Method (pitot, back pr.) Calculated A.O.F. I. CERTIFICATE OF COMPLIA I hereby certify that the rules as Commission have been complied.	Company Unit Sec. Twp. Rge. B 10 26N 9W with that from any other lease or pool cion - (X)	Address (Give address to which approximate Box 990, Farmington, Is gas actually connected? When the second of the	Plug 3ack Sane Res'v. Diff. Res P.B.T.D. C.O. 6600 Tubirg Depth 6528 Depth Casing Snoe 6749' SACKS CEMENT 300 Sks. 450 Sks. and must be equal to or exceed top all ift, etc.; Choise SEP 3 1965 OIL CON. COM. DIST. 3 Gravity of Condensate Choke Size 3/4" ATION COMMISSION

OR GINAL SIGNED E.S. OBERLY

Petroleum Engineer

August 26, 1965

(Signature)

(Title)

(Date)

By Original Signed Emery C. Arnold TITLE Supervisor Dist. # 8

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 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 Sections I, II, III, and VI only 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