DISTRIBUTIO	ON		
SANTA FE			
FILE		/	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	011_	1	<u> </u>
Trivings Sixt En	GAS	AS /	
OPERATOR		1	
PRORATION OF	FICE		

	DISTRIBUTION SANTA FE / FILE /		ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	U.S.G.S.  LAND OFFICE  IRANSPORTER OIL /	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL (	GAS
I.	OPERATOR  PRORATION OFFICE  Operator			
	El Paso Natural Gas	Company		
	Address Box 990, Farmington	New Mexico		
	Reason(s) for filing (Check proper box)		Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Conden	sate X	
	If change of ownership give name and address of previous owner			
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Nam	ne, Including Formation	Kind of Lease
	Huerfano Unit	109(DK) Ba	sin Dakota	State, Federal or Fee State
	Location Unit Letter I ; 165	O Feet From The South Line	e and Feet From	The <b>East</b>
		_	10-W , NMPM, San Ji	Dan County
E T Y		TER OF OIL AND NATURAL GA		
KII.	Name of Authorized Transporter of Oil	or Condensate X	Address (Give address to which appro	
	El Paso Natural Gas Name of Authorized Transporter of Cas		Box 990, Farmington Address (Give address to which appro	New Mexico  wed copy of this form is to be sent)
	El Paso Natural Cas	Company	Box 990, Farmington	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	11-17 <b>-</b> 59
		th that from any other lease or pool,		11-11-19
	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completic	on – (X)		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations	1		Depth Casing Shoe
		TURING CASING AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V.	TEST DATA AND REQUEST FOIL WELL	able for this de	pth or be for full 24 hours)	and must be equal to or exceed top allow-
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	iji, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MOF KLULIV LL
				<u> </u>
	GAS WELL			AN. COM
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED MAR 1 196	<u> </u>
	Commission have been complied	with and that the information given e best of my knowledge and belief.	BY Original Signed Em	nery C. Arnold
			TITLE Supervise Set	
	هم میبید. د	AREN E A ANENIV		compliance with RULE 1104.
		GMFD T.S. OBERLY	well this form must be accomp	wable for a newly drilled or deepened anied by a tabulation of the deviation
	Petroleum Engineer		tests taken on the well in acco	ordance with RULE 111. ust be filled out completely for allow-
	February 26, 1965	itle)	able on new and recompleted w	vells.  I, and VI only for changes of owner,
	U J -/-/		I III Out Decirons 1, 11, 111	·, ·- ·

(Date)

able 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 completed wells.

	NO. OF COPIES REC	ElVED	i	
	DISTRIBUTION			
	SANTA FE			
	FILE U.S.G.S. LAND OFFICE			
	TRANSPORTER	OIL	7	
	L	GAS	7	
	OPERATOR		12	
I.	PRORATION OF	ICE		
	Operator			
	El Paso Ha	utura	1 G	as Co
	Address			
	Box 990, 1			
	Reason(s) for filing	Check 1	ropei	box)

II.

III.

IV.

110

DISTRIBUTION	NEW MEXICO OIL	CONCERNATION	
SANTA FE /		CONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-
FILE /	+	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL G	AS AS
			(b)
TRANSPORTER GAS			1
OPERATOR 2			
PRORATION OFFICE  Operator			
El Paso Matural Gas	Company		
Address			
Box 990, Fermington,			
Reason(s) for filing (Check proper box	,	Other (Please explain)	
New Well  Recompletion	Change in Transporter of:	<u></u>	
Change in Ownership	Oil Dry G		
	conde	insute [	
If change of ownership give name and address of previous owner			
-			
DESCRIPTION OF WELL AND Lease Name	LEASE		
Huerfano Unit		me, Including Formation Angel Peak Gallup	Kind of Lease State, Federal or Fee <b>State</b>
Location	120/(02)	angur som dannap	state, redetal or ree 5 550
Unit Letter I ; 16	50 Feet From The South Lin	ne andFeet From T	East
Line of Section 2 , To	wnship <b>26-N</b> Range	10-W , NMPM, San	JU <b>an</b> County
DESIGNATION OF TRANSPOR	TER OF ON AND NATIONAL CO		-
Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which approve	ed copy of this form is to be sent)
El Paso Natural Gas	Company	Box 990, Farmington,	
Name of Authorized Transporter of Ca		Address (Give address to which approve	
El Paso Natural Gas		Box 990, Farmington,	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.  1 2 26 10	Is gas actually connected? When	11-28-59
	·	<u> </u>	
COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	
Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v
Date Spudded			
Date opudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD	
	CASING & TOBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST FOOIL WELL		fter recovery of total volume of load oil ar pth or be for full 24 hours)	nd must be equal to or exceed top allow
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)
			COLINA
Length of Test	Tubing Pressure	Casing Pressure	Choke 125
Actual Prod. During Test	Oil-Bbls.	W. O.	/ MULIY LD
Notice From During Test	OII-BBIS.	Water-Bbls.	Gas-MCF
			MAR 1 1965
GAS WELL			Agreement. COM.
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate 3
Tracking Mark No. 1			
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
CERTIFICATE OF COMPLIANCE	OIE.		
ENTIFICATE OF CUMPLIAN	∠ <b>E</b>	OIL CONSERVAT	TON COMMISSION
hereby certify that the rules and r	regulations of the Oil Conservation	APPROVED MAR 1 1965	, 19
Commission have been complied w	with and that the information given best of my knowledge and belief.	By Original Signed Emer	y C. Arnold
10 das and complete to the	best of my knowledge and belief.	la contraction of the contractio	
		TITLE <b>Supervisor</b> Disk # 3	
		1	

DE G NAL SIGNED E.S. OBERL	RLY	OBE	S.	Ē.	SIGNED	CNA	U.S
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Petroleum Engineer

February 26, 1965

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 completed wells.