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|     | DISTRIBUTION   | -  |  |   |  |  |  | 1  |   |  |  |
|     | SANTA FE   | 1  | NEW MEXICO OIL   |   |  | SSION  |  | n C-104  |   |  |  |
|     | FILE   |  | KEQUESI  | FOR ALL   | .UWABLE  |  |  | ersedes Old<br>ective 1-1-6  | d C-104 and C-<br>5                         |  |  |
|     | U.S.G.S.   | AND  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  |  |   |  |  |  |  |   |  |  |
|     | LAND OFFICE  | AUTHOR   | IZATION TO TR  | ANSPUR  | OIL AND I  | VATUKAL  | GAS  |  |   |  |  |
|     | TRANSPORTER GAS  |  |  |   |  |  |  |  |   |  |  |
|     | OPERATOR 2   |  |  |   |  |  |  |  | See Jan |  |  |
| ı.  | PRORATION OFFICE   |  |  |   |  |  |  |  |   |  |  |
| ••  | Operator El Paso Natural Cas Company   |  |  |   |  |  |  |  | 967   |  |  |
|     | Address Box 990, Farmington, New Mexico  |  |  |   |  |  |  | N GIV  |   |  |  |
|     | Reason(s) for filing (Check proper box   |  |  |   | Other (Please  | ownlai- t  | , hgd 8 %  | 1156   | <u> </u>                                    |  |  |
|     | New Well Recompletion  |  | ransporter of:  Dry G  |   | Ome: (2 16236  | e apidan)  | **************************************   | ALL RESPONDENCE OF THE PARTY OF |   |  |  |
|     | Change in Ownership  | Casinghead (   | Gas Conde  | ensate  |  | ·  | · ·  |  |   |  |  |
|     | If change of ownership give name and address of previous owner   |  |  |   |  |  | <u></u>  |  |   |  |  |
| II. | DESCRIPTION OF WELL AND Lease Name   |  | oo: Name, Including  | Formation   |  | Kind of Lea  | se   | •  | Lease No.                                   |  |  |
|     | Huerfano Unit  | 170  | Basin Dako   | * <b>9.</b>   |  | State, F <b>e</b>  | al or Fee  | SF   | 076605                                      |  |  |
|     | Unit Letter 0 900 Feet From The South Line and 1650 Feet From The East   |  |  |   |  |  |  |  |   |  |  |
|     | Unit Letter 900  | Feet From T  | The South Li   | ine and   | 1650   | Feet From  | The East   |  | ····  |  |  |
|     | 0.5  | Feet From T  | The <b>South</b> Li  | ine and   | <b>1670</b><br>, ммрм,   | · · · · · · · · · · · · · · · · ·  | . ne   |  | County                                      |  |  |
| II. | Line of Section 25 Texas DESIGNATION OF TRANSPORT  | TER OF OIL A   | Range  | low   |  | · · · · · · · · · · · · · · · · ·  | . ne   |  | County                                      |  |  |
| 11. | Line of Section 25 Tot   | VER OF OIL AND OF COND   | Range  | LCW AS Address (G   | , NMPM,  | San J  | uan  | -  |   |  |  |
| II. | Line of Section 25 Text  DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Oil  | TER OF OIL AT  | Range  ND NATURAL G. Jensate (**)  | AS Address /6 Box 3   | , NMPM,  Give address to   | San Journal of which approximation,  | uan  oved copy of the  New Mexic   | :0   | o be sent)                                  |  |  |
| 11. | Line of Section 25 TON  DESIGNATION OF TRANSPOR  Name of Authorized Transported of Oil  El Paso Natural Gas C  | FER OF OIL A. or Cond company  | Range  ND NATURAL G. Jensate (**)  | AS Address (G Box 9   | , NMPM, live address to GO, Farm live address to   | San Journal of which approximation, on which approximation of the control of the  | uan  oved copy of the  New Mexic  oved copy of the   | is form is to  | o be sent)                                  |  |  |
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|     | DESIGNATION OF TRANSPOR  Name of Authorized Transporter of Oil  El Paso Natural Gas C  Name of Authorized Transporter of Oil  Rel Paso Natural Gas C  If well produces oil or liquids, give location of tanks.  If this production is commingled with COMPLETION DATA  Designate Type of Completic Date Spudded 2-28-67  Elevations (DF, RKB, RT, GK, atc., 6602 GL  Perforations  6912-16, 6536-40, 656   | TER OF OIL AND OF CONDANY  Company  Contrany   | Twp. Range  Twp. Rge.  or Dry Gas A  Twp. Rge.  other lease or pool,  well Gas Well  X  dy to Prod.  of Formation  Ca  Bing, CASING, AN  TUBING SIZE   | AS Address /6 BOX 9 Address /6 BOX 9 Is gas actu  New Well X Total Deptl  Top 64/Gc         | , NMPM, live address to 30, Farm live address to 90, Farm live address  | San Journal of which appropriately will number:  Deepen  | Depth Casin  | Same Res  6654  ch   | o be sent)  o be sent)  v. Diff. Rest       |  |  |
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| v.  | DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Out El Paso Natural Gas C Name of Authorized Transporter of Out El Paso Natural Gas C If well produces oil or liquids, give location of tanks.  If this production is commingled wit COMPLETION DATA  Designate Type of Completic Date Spudded 2-28-67 Elevations (DF, RKB, RT, GK, atc., 6602' GL  Perforations 6512-16, 6536-40, 656  HOLE SIZE 12 1/4" 7 7/8"  TEST DATA AND REQUEST FOOL. | TER OF OIL AND OF CONDAINY  Company  Contrainy  Contrai | Twp. Rage.  or Dry Gas A  Twp. Rge.  other lease or pool,  well Gas Well  X  dy to Pred.  -0/  rg Formation  Ca  BING, CASING, AN  TUBING SIZE  II   | AS Address (G BOX 9) Address (G BOX 9) Is gas actu  New Well X Total Deptl  Top 64/Go  57.  | NMPM,  Rive address to  GO, Farm  Rive address to  GO, Farm  Rive address to  GO, Farm  Rally connecte  Ingling order  Workover  Workover  H  BO'73  ING RECORI  DEPTH SE  210'  6573'  of total volum  full 24 hours  Method (Flow,   | San Journal of the san Journal o | powed copy of the New Mexiconen Mexiconen Plug Eack P.B.T.D.  Tubing Depth Casin  SA  210 Sk  Tubing  and must be equal to the part of the | Same Res    Same Res   Same Res   Same Res   Same Res   Same Res   Same Res   Same Res   Same Res   Same Res   Same Res  | o be sent)  o be sent)  v. Diff. Rest       |  |  |

Actual Prod. Test-MCF/D angth of Test Bbls. Condensate Gravity of Condensate 8379 MCF/D 3 Hours 46.13 - 3 hours 48.6 API Casing Pressure (Shut-in) Testing Method (pitot, back per) Tubing Pressure (Shut-in) Choke Size 1025 3/4" Calculated A.O.F. 1056 VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION

TITLE

III.

IV.

I hereby certify that the ru(ms) 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.

(Date)

| Origina | signed  | by |
|---------|---------|----|
|         | Matthey |    |

|           | Signature) |
|-----------|------------|
| Fetroleum | Engineer   |
|           | (Title)    |

June 5, 1967

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.

1967

JUN 8

By Original Signed by Pmery C. Arnold

SUPERVISOR DIST. -

All 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.