NO. OF COPIES RECI	6		
DISTRIBUTION			
SANTA FE		1	
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LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		2	
PRORATION OFFICE			
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	NO. OF COPIES RECEIVED						
ļ	DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104					
	SANTA FE /	REQUEST FOR ALLOWABLE Supersedes Old C-10/- Effective 1-1-65					
}	U.S.G.S.	AND					
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	OIL /	-					
	TRANSPORTER GAS /				PITTIN		
	OPERATOR 2				TO THE STATE OF TH		
1.	PRORATION OFFICE				AD		
	El Paso Natural Gas Company On Company						
	Address	Non Markey Orthon			Oles Co.		
	Box 990, Farmington, Reason(s) for filing (Check proper box		Other (Pleas	e explain)	304		
	New Well	Change in Transporter of:	0,110, 1, 100,00				
	Recompletion	Oil Dry Ga	s				
	Change in Ownership	Casinghead Gas Conder	nsate				
	If change of ownership give name and address of previous owner						
	•						
II.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including Fo	ormation	Kind of Lease	Lease No.		
	Huerfano Unit	- 0 -		1	tate, Fedakal or Fee NM 03017		
	Location	180 Basin Dako	<u>va</u>		pa. 030m1		
		Feet From The North Lin	e and 1090	Feet From The _	West		
	Onit Letter,,,	rect rom the style day					
	Line of Section 18 To	wnship 26N Range	9₩ , NMPN	_{4,} San Ji	18n County		
			_				
III.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Officery	TER OF OIL AND NATURAL GA	Address (Give address	to which approved o	copy of this form is to be sent)		
	¦			• •			
				Box 990, Farmington, New Mexico liess (Give address to which approved copy of this form is to be sent)			
	I .	Name of Administration Transporter to Contragance of the Contragance o		mington, Nev	ngton, New Mexico		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connect				
	give location of tanks.	D 18 26N 9W					
	If this production is commingled wi	ith that from any other lease or pool,	give commingling orde	r number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Pl	ug Back Same Resty. Diff. Resty.		
Designate Type of Completion - (X)							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.	B.T.D.		
	3-7-68	4-3-68	6743		6730		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top May/Gas Pay	Tı	Tubing Depth		
	6501' GL	Dakota	65721		65441		
	Perforations						
	BA 07[2=02, 0790=000				6743'		
	TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT						
	12 1/4"	CASING & TUBING SIZE	2241		170 Sks.		
	7 7/8"	4 1/2"	67431		625 Sks.		
	1 1/0	2 3/8"	65441		Tubing		
V.	TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be a	fter recovery of total vol	ume of load oil and	must be equal to or exceed top allow-		
	OIL WELL	able for this de	epth or be for full 24 hour Producing Method (Flo	rs)			
	Date First New Oil Run To Tanks	Date of lest	Producing Method (1.40	w, pamp, gas sije, ci	,		
	Length of Test	Tubing Pressure	Casing Pressure		hoke Size		
	Landin or task						
	Actual Prod. During Test	Oil-Bbis.	Water - Bbis.	G	as - MCF		
	GAS WELL		7273	ev la			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate		ravity of Condensate 41.5 API		
	2074 MCF/D Testing Method (pitot, back pr.)	3 Hours Tubing Pressure (shut-in)	55.19 - 3 Hz Casing Pressure (Shw		hoke Size		
	Calculated A.O.F.	1963	1973		3/4"		
¥/¥	CERTIFICATE OF COMPLIAN			CONSERVATI	ON COMMISSION		
· 1.	CLRIFTCATE OF COMPLIAN						
	I hereby certify that the rules and	APPROVEDAPR 10 1968					
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Original Signed by A. R. Kendrick				
	above is true and complete to th		01				
		TITLE PETROLEUM ENGINEER DIST. NO. 3					
	Origi Carl	This form is to be filed in compliance with RULE 1104.					
	Cari	If this is a re-	If this is a request for allowable for a newly drilled or deepened well, this form must t accompanied by a tabulation of the deviation tests taken on the we in accordance with RULE 111.				
	Detroleum Frainces	well, this form mu tests taken on the					

Petroleum Engineer

April 8, 1968

(Date)

(Title)

All sections of the

form must be filled out completely for allow-leted wells.

Fill out only Se well name or number,

ons I, II. III, and VI for changes of owner, rensporter, or other such change of condition.

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