NO. OF COPIES RECEIVED			6		
DISTRIBUTION					
SANTA FE					
FILE					
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL				
	GAS	1			
OPERATOR					
PRORATION OFFICE			-		

	DISTRIBUTION		NEW MEXICO C	OIL CONSERVA	ATION COMMIS	SION	Form C-104			
					FOR ALLOWABLE			Supersedes Old C-104 and C-11		
	FILE AND Effective 1-1-65							.02		
	U.S.G.S.	_ AUTHO	DRIZATION TO	TRANSPORT	FOIL AND N	ATURAL GA	.S			
	OIL /	\dashv								
	TRANSPORTER GAS /									
	OPERATOR 2	_								
I.	PRORATION OFFICE Operator				 					
	El Paso Natural Gas Company									
	Address									
	Box 990, Farmington, New Mexico - 87401 Reason(s) for filing (Check proper box) Other (Please explain)									
	New Well		n Transporter of:		Office (1 tease	expluinty				
	Recompletion	Oil		ry Gas						
	Change in Ownership	Casinghe	ad Gas C	Condensate				10		
	If change of ownership give name									
	and address of previous owner									
H.	DESCRIPTION OF WELL AND	LEASE								
	Lease Name	Well No.	Pool Name, Includ		1	Kind of Lease		Lease No.		
	P. L. Davis	4	Basin	Dakota		State, Federal o	or ree	078937		
	A	800	om The North	Line and	800	_ Feet From Th	. Rast			
	Unit Letter;;	Feet Fro	om The	Line and		_reet From in	e			
	Line of Section 35 To	ownship (26N Range	- 11W	, NMPM,	San	Juan	County		
	DEGLES ACTION OF TRANSPOR	TED OF OIL	AND NATURAL	r CAS						
111.	DESIGNATION OF TRANSPOR	il or C	Condensate	Address	(Give address to	which approve	d copy of this form is	to be sent)		
	El Paso Natural Gas			Box	990, Farmi	ngton, Ne	w Mexico - 8	7401		
	Name of Authorized Transporter of C		or Dry Gas	K			d copy of this form is	_		
	El Paso Natural Gas Company Unit Sec. Twp. Rge.			Box e. Is ags go	Box 990, Farmington, New Mexico - 87401 Is gas actually connected? When			37401		
	If well produces oil or liquids, give location of tanks.	A 3			•					
	If this production is commingled w	vith that from a	ny other lease or j	pool, give com	mingling order	number:				
IV.	COMPLETION DATA		Oil Well Gas W		Workover		Plug Back Same Re	es'v. Diff. Res'v.		
	Designate Type of Complet		X X	Y X	i workever	1 1	l lag Back	1		
	Date Spudded		Ready to Prod.	Total De	•	1	P.B.T.D.			
	9-5-69 10-8-69			6305'		62891				
	Elevations (DF, RKB, RT, GR, etc.) 6376' GL Name of Producing Formation Dakota				Gas Pay 5071 '		Tubing Depth 6042			
	Perforations				3017		Depth Casing Shoe			
	6071-77, 6104-10, 6120-26, 6168-74'				6305'					
			TUBING, CASING							
	HOLE SIZE				216 •		SACKS CE			
	7 7/8"	· · · · · · · · · · · · · · · · · · ·			6305'		130 Sks. 850 Sks.			
		2 3/8"			50421	ſ	Arbing			
V.	TEST DATA AND REQUEST	FOR ALLOWA	ABLE (Test mus able for t	t be after recove his depth or be f	ry of total volum for full 24 hours)	se of load oil an	d must be equal to or	exceed top allow-		
	OIL WELL Date First New Cil Run To Tanks Date of Test				ng Method (Flow,		etc.)			
						· - · · · · · · · · · · · · · · · · · ·	Choke Siz	IVEN.		
	Length of Test	rigth of Test Tubing Pressure		Casing F	Casing Pressure		onder the first of			
	Actual Prod. During Test	Oil-Bbls.		Water - B	Water - Bbls.		Gas MCFOCT 2	2 1969		
	OIL CON. COM.									
	GAS WELL Actual Prod. Test-MCF/D Length of Test			Bbls. Co	ondensate/MMCF		Gravity of Sandensate			
	5092 3 Hours			18.65		59.8 API				
	Testing Method (pitot, back pr.)		ure (Shut-in)	I	ressure (Shut-		Choke Size			
	Calculated A.O.F.	18	392		.887		3/4" Variable			
VI.	CERTIFICATE OF COMPLIA	NCE			OILC	ONSERVAT	TION COMMISSION			
	Therefore and the the color and accordations of the Oil Consequentian			APPR	APPROVED 0CT 2 3 1969					
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			iven (Original Studed by Emery C. Arnold						
	above is true and complete to the best of my knowledge and belief.			Her.	SUPERVISOR DIST. #3					
				TITL	E			- mr. = -		
	Original a:						mpliance with RUL			
Original Signed F. H. W.			1. WOOD		If this is a request for allowable for a well, this form must be accompanied by a to		ed by a tabulation	of the deviation		
	Petroleum Engineer	(nature)		tests	taken on the v	ell in accord	ance with RULE 1	11.		
		Title)		Able o	all sections of on new and rec	this form must completed well	be filled out comp is.	ietely for allow-		
	October 15. 1969				TIT and III for ch	anges of owner.				

(Date)

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.