NO. OF COPIES RECEIVED		15	
DISTRIBUTION			
SANTA FE		1	
FILE		1	4
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS		
OPERATOR		/	
PRORATION OF	ICE		1

11.

III.

IV.

VI.

February 18, 1972

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

U.S.G.S. LAND OFFICE I RANSPORTER OIL / GAS / OPERATOR PRORATION OFFICE Operator El Paso Natural Gas Company	T OIL AND NATURAL GAS		
TRANSPORTER OIL / GAS / OPERATOR / PRORATION OFFICE Operator			
OPERATOR / PRORATION OFFICE Operator			
OPERATOR / PRORATION OFFICE Operator			
Operator			
El Paso Natural Gas Company			
Address			
PO Box 990, Farmington, New Mexico 87401			
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well X Change in Transporter of:			
Recompletion Oil , Dry Gas			
Change in Ownership Casinghead Gas Condensate			
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND LEASE	Why of Logo		
Lease Name Well No. Pool Name, Including Formation Huerfano Unit 222 Basin Dakota	Kind of Lease No. State (Federa) or Fee SF 080374		
Huerfano Unit 222 Basin Dakota	State (Federa) or Fee SF 080374		
Unit Letter I ; 1650 Feet From The South Line and	890 Feet From The East		
Ont Letter			
Line of Section 8 Township $26{ m N}$ Range $10{ m W}$, NMPM, San Juan County		
DESCRIPTION OF THE INCOMED OF OUR AND MATTER AT CAS			
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address	s (Give address to which approved copy of this form is to be sent)		
m n 17 . 16 6	90 Farmington New Mexico 87401		
El Paso Natural Gas Company PO B			
If well produces oil or liquids, Unit Sec. Twp. P.ge. Is gas of			
give location of tanks. I 8 26N 10W			
If this production is commingled with that from any other lease or pool, give con	nmingling order number:		
COMPLETION DATA Oil Well Gas Well New We	ll Workover Deepen Plug Back Same Res'v. Diff. Res'v.		
Designate Type of Completion - (X) X			
Date Spudded Date Compl. Ready to Prod. Total D	P.B.T.D.		
1-22-72 2-15-72	6840' 6829'		
	VGas Pay Tubing Depth		
6617'GL Dakota	6652' 6731'		
Perforations 6652-58', 6692-98', 6708-67'4', 6752-68'	6840'		
TUBING, CASING, AND CEME			
HOLE SIZE CASING & TUBING SIZE	DEPTH SET SACKS CEMENT		
12 1/4" 8 5/8"	236' 177 cu.ft.		
7 7/8" 4 1/2"	6840' 1182 cu. ft.		
2 3/8"	6731' tubing		
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recount able for this depth or be	very of total volume of load oil and must be equal to or exceed top allow- for full 24 hours)		
Date First New Cil Run To Tanks Date of Test Product	ing Method (Flow, pump, gas lift, etc.)		
Length of Test Tubing Pressure Casing	Pressure Choke Size		
Actual Prod. During Test Oil-Bbls. Water-	Water-Bbls. Gas-MCF		
Actual Prod. During Test Oil-Bbis.	1. ANN 180W		
	40£, 3		
GAS WELL			
	Condensate/MMCF Gravity of Condensate 52 390		
16,323 3 hrs. Testing Method (pitot, back pr.) Tubing Pressure (shut-in) Casing	52 39° Pressure (Shut-in) Choke Size		
Calc. AOF 1329	1929 3/4" variable		
CERTIFICATE OF COMPLIANCE	OIL CONSERVATION COMMISSION		
CERTIFICATE OF COMMENTATION	FEB 2 2 1972		
I hereby certify that the rules and regulations of the Oil Conservation	ROVED, 19		
ommission have been complied with and that the information given ove is true and complete to the best of my knowledge and belief. BY Original Signed by Emery C. Arnold BY			
THE THE THE THE PROPERTY IS NOT THE PART OF THE PROPERTY AND CONTROL OF THE PARTY IN CASE	CHIDEDITICAD DIGM #7		
<u> </u>	SUPERVISOR DIST. #3		
TITL			
TITL	This form is to be filed in compliance with RULE 1104.		
201 W. Locusian	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, (Signature)	This form is to be filed in compliance with RULE 1104.		

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.