HO, OF COPIES REC	5		
DISTRIBUTE	ON.		
SANTA FE	7		
FILE	7		-
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	GIL	1	
IMANSFURIER	GAS	1	
OPERATOR		1	
PROBATION OFFICE			

	SANTA FE / FILE / U.S.G.S. LAND OFFICE IRANSPORTER GIL / GAS /	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND INSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65 GAS	
i.	PROBATION OFFICE			······	
	PO Box 990, Farmin	ngton, NM 87401			
	Reason(s) for filing (Check proper box) New Well [X]	Change in Transporter of:	Other (Please explain)		
	Recompletion Change in Ownership	Otl Dry Ga Casinghead Gas Conden	= 1		
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, including Formation Kind of Lease				
	Huerfano Unit	230 Basin Dakota	State, (Feder		
	Unit Letter <u>C</u> ; 900	OFeet From TheNorth Lin	e and 1840 Feet From	The West	
	Line of Section 8 Tow	vashto 26N Hange	10W , NMPM, S	anJuan County	
Hł.	DESIGNATION OF TRANSPORT	CER OF OIL AND NATURAL GA	S Address (Give address to which appr	oved copy of this form is to be sent)	
	El Paso Natural Gas	s Company	PO Box 990, Farmington, NM 87401		
	Name of Authorized Transporter of Casinghead Gas or Dry Cas X El Paso Natural Gas Company		Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM 87401		
	If well produces oil or liquids, give location of tanks.	C 8 26N 10W		hen	
	If this production is commingled with	<u> </u>	give commingling order number:		
JV.	Designate Type of Completic	on + (X) Oil Well Cas Well X	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Pred.	Total Depth	P.B.T.D.	
	4-30-72 Elevations (BF, RKB, RT, GR, etc.)	7-21-72 Name of Producing Formation	6825' Tep XI/Gas Pay	6810' Tubing Depth	
	6582'GL Perferations	Dakota	6608'	6749* Depth Casing Shoe	
	6608-16', 6650-54', 6664-68', 6706-18', 6730-34' and 6764-72' TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12 1/4"	8 5/8" 4 1/2"	205' 6825'	177 cu. ft. 1104 cu. ft.	
	7 7/8"	2 3/8"	6749'	tubing	
41	TECT DATA AND REQUEST FO	ON ALLOWADIE (Test must be a	iter recovery of total volume of load of	il and must be equal to or exceed top allow-	
٧.	OH. WELL Date First New Oil Run To Tanks	WELL able for this depth or be for full 24 hours)			
		Tubing Pressure	Casing Fracture	Choke Size	
	Length of Test	1 uping Pressure			
	Actual Prod. During Test	Oll-Bbls.	Water-Bbls.	G-8-MCFUL 28 1972	
	GAS WELL		1	OIL CON. COM.	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	754 Testing Mothod (pitot, back pr.)	3 hours Tubing Pressure (Shut-1n)	25 Casing Prossure (Shut-in)	Choke Size	
	Calc. AOF	1578	1546	3/4"	
VI.	VI. CEETIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION JUL 2 8 1972		
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given					
	Commission have been complied with and that the intermation given above is true and complete to the best of my knowledge and belief.		Original Signed by A. R. Kendrick PETROLEUM ENGINEER DIST. NO. 3		
TITLE				والمتعادة والمتعادية والمتعادة والمتعادة والمتعادة والمتعادة والمتعادة والمتعادة والمتعادة والمتعادة والمتعادة	
			seath to appropriate for all	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend	
	Petroleum Engineer (Stanature) Potroleum Engineer (Tide) July 27, 1972 (Dete)		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 allow able 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. Senarate Forms C-104 must be filed for each pool in multiple.		

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.