HO. OF COTIES PECEIVED			5	
O.STRIPUTION				
SANTAFE		1		
FILE		1	~	
U.S.G.S.				
LAND UFFICE		1		
THANSPORTER	OIL	1		
	GAS	17		
OPERATOR		1		
PROBATION OFFICE		1		

NEW MEXICO OIL CONSERVATION COMMISSION

110

	SANTA FE	REQUEST	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURA				
	LAND UFFICE		AND CIT OIL AND NATURAL	L GAS			
	THANSPORTER OIL /	_	•				
	OPERATOR /						
i	PRORATION OFFICE Operator						
		El Paso Natural Gas Company					
	Address DO P	NN 4 07401					
	PO Box 990, Farmington Reason(s) for filing (Check proper box		Ton- (8)				
	New Well	Change in Transporter of:	Other (Please explain)	and the same of th			
	Recompletion	OII Dry G	as [Note our com.			
	Change in Ownership	Casinghead Gas Conde	ensate	DIST. 3			
	If change of ownership give name and address of previous owner						
11	. DESCRIPTION OF WELL AND	1 F&CF					
	Lease Nonie	weil No. Fool Name, Including F	· •	Lease No.			
	Huerfano Unit	232 Angel Peak Ga	Hup Ext. State, (Fed	eral c) Fee SF 077980-A			
	Unit Letter P 97	70 South	ne and Feet Fro	East			
•							
	Line of Section 8 To	wnship 26N Range 91	W , NMFM, S	an Juan County			
111.	DESIGNATION OF TRANSPOR		AS				
	Name of Authorized Transporter of the or Condensate X Address (Give address to which approved copy of this form is to PO Box 990, Farmington, NM 87401						
	Name or Authorized Transporter of Oz			proved copy of this form is to be sent)			
	El Paso Natural Gas Con		PO Box 990, Farmingto				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pige. P 8 26N 9W	Is gas actually connected?	When			
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completion		X Deepen	Plug Back Same Resty. Diff. Resty.			
	Date Spudded 12-5-72	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	6100' Top XI/Gas Pay	6083'			
	6495'GL	Gallup	5654'	6015'			
	Perforations 5654-66', 5746-58', 577	8-86', 5800-08', 5846-58',	5934-42', 6008-6020'	Depth Casing Shoe 6100'			
		TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12 1/4" 7 7/8"	8 5/8" 4 1/2"	209' 6100'	182 cu.ft. 1140 cu.ft.			
	1 1/0	2 3/8"	6015'	tubing			
V.	TEST DATA AND REQUEST FOOL WELL		fter recovery of total volume of load o	il and must be equal to or exceed top allow-			
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF			
	GAS WELL						
	Actual Pred. Test-MCF/D 294	Length of Teet 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate 34.1°			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shat-in)	Casing Pressure (Shut-in)	Choke Size			
	Calc. AOF	972	994	3/4" variable			
VI.	CERTIFICATE OF COMPLIANO	Œ	OIL CONSERV	ATION COMMISSION			
			APPROVED	JAN 16 1973 19			
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		By Original Signed by Emery C. Arnold					
above is true and complete to the best of my knowledge and belief.			SUPERVISOR DIST. #3				
		TITLE This form is to be filed in compliance with RULE 1104.					
1/1/ Noct							
	/Signa	ture)	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. 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.				
,	Petroleum Engineer						
	January 15, 1973	(e)					
(Date)			well name or number, or transpo	orter, or other such change of condition.			