HO. OF CUPIES RECEIVED			5	
DISTRIBUTION				
SANTA FE		1		
FILE		1		
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	1		
	GAS	1		
OPERATOR		1		
PRORATION OFFICE				
Operator				

DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COMMISSION	Form C-104	
SANTA FE /		OR ALLOWABLE	Supersedes Old C-104 and C-110	
FILE /		AND	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRAP	NSPORT OIL AND NATURAL	_ GAS	
LAND OFFICE				
TRANSPORTER OIL / GAS /				
OPERATOR /				
PRORATION OFFICE				
El Paso Natural Gas Co	ompany			
PO Box 990, Farmingto	n. NM 87401			
Reason(s) for filing (Check proper box)		Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry Gas	. 🔲		
Change in Ownership	Casinghead Gas Condens	sate 🔛 📗		
If change of ownership give name and address of previous owner				
. DESCRIPTION OF WELL AND I	EASE. Weil No. Pool Name, Including Fo	rmation Kind of Le	case Lease No.	
Lease Name			eral o) Fee SF 077980-A	
Huerfano Unit	237 Angel Peak G	anup , ,	, , , , , , , , , , , , , , , , , , , ,	
Unit Letter C : 1090	Teet From The North Line	and 1550 Feet Fro	om The West	
Line of Section 17 Tow	mship 26N Range	9W , NMPM,	San Juan County	
I. DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S		
Name of Authorized Transporter of Oil	or Condensate X	Address (Give address to which app	proved copy of this form is to be sent)	
El Paso Natural Gas Co	ompany	PO Box 990, Far	mington, NM 87401	
Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X	Address (Give address to which app	proved copy of this form is to be sent) mington, NM 87401	
El Paso Natural Gas Co	Ompany Unit Sec. Twp. Ege.	· · · · · · · · · · · · · · · · · · ·	When	
If well produces oil or liquids, give location of tanks.	C 17 26N 9W	<u> </u>		
If this production is commingled with COMPLETION DATA	h that from any other lease or pool, a	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty.	
Designate Type of Completion	011	X		
Date Spudded 3-24-73	Date Compl. Ready to Prod. 9-20-73	Total Depth 6037'	P.B.T.D. 6020'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Q!l/Gas Pay	Tubing Depth	
6476'GL	Gallup	5688'	5978'	
Perforations 5688-5704', 5716-24',	5750-66', 5802-14', 5868-	-76', 589 2- 5900', 5922-	30' Depth Casing Shoe 6037'	
5962-78'	TUBING, CASING, AND			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12 1/4	8 5/8"	232'	182 cu. ft.	
7 7/8"	4 1/2''	6037'	1146 cu. ft.	
	2 3/8"	5977'	tubing	
	1			
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load onth or he for full 24	il and must be equal to or exceed top allow	
OII. WELL Date First New Oil Run To Tanks	Date of Test .	Producing Methy de AVot. LA P.	s lift, (tc.)	
Date First New Oil Run 10 Tunks		W/ULI.		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
		Water-Bbls.	COM:	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls. OCT 5	3./	
		On Diam		
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
263	3 hours	8	37°	
Testing Method (pitot, back pr.) Calc. AOF	Tubing Pressure (Shut-in) 459	Casing Pressure (Shut-in) 649	Choke Size 3/4"	
I. CERTIFICATE OF COMPLIAN	CE	OIL CONSER	RVATION COMMISSION	
		APPROVEDUC	1	
I hereby certify that the rules and	regulations of the Oil Conservation	1	hy Emary C. Arnold	
Oindian have been compiled t	with and that the information given e best of my knowledge and belief.	II DI	by Emery C. Arnold	
		TITLE SUCTEME		
1 11.		This form is to be filed	in compliance with RULE 1104.	
M. D. Kinn	1	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		
A. D. Brising	ature)	well, this form must be acco	ccordance with MULE 111.	
Drilling Clerk		All sections of this form	n must be filled out completely for allow	
(T)	icle)	able on new and recompleted	t it iii and VI for changes of owner	
October 4, 1973		FILL OUR OILLY SECTIONS	porter, or other such change of condition	

(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.