DISTRIBUTION			
SANTA FE		1	
FILE		1	~
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL	. /	
INANSPORTER	GAS	1	
OPERATOR		1	
PRORATION OFFICE		7	
Operator			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

	FILE / U	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURA	L GAS						
	IMANSPORTER OIL /									
	OPERATOR ,									
1.	PRORATION OFFICE									
	El Paso Natural Gas Company .									
	Address									
	P. O. Box 990, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) Other (Please explain)									
	New Well Recompletion	Change in Transporter of: Oil Dry Ga		from Huerfano Unit #237						
	Change in Ownership	Casinghead Gas Conder	7 1							
	If change of ownership give name and address of previous owner		· · · · · · · · · · · · · · · · · · ·	4.10						
II. DESCRIPTION OF WELL AND LEASE										
	Lease Name Huerfano Unit NP	well No. Pool Name, Including F 237 Angel Peak Ga		ease Lease No. derai) or Fee SF 077980-A						
	Location									
	Unit Letter C; 1090 Feet From The North Line and 1550 Feet From The West									
	Line of Section 17 Tow	mship 26N Range 9	OW , NMPM, Sa	n Juan County						
Ш.	DESIGNATION OF TRANSPORT	or Condensate X	AS Address (Gine address to which as	oproved copy of this form is to be sent)						
	El Paso Natural Gas C	ompany	P. O. Box 990,	Farmington, NM 87401						
	Name of Authorized Transporter of Cas		!	peroved copy of this form is to be sent) Farmington, NM 87401						
	El Paso Natural Gas C	Unit Sec. Twp. Rge.	Is gas actually connected?	When						
	give location of tanks.	C 17 26N 9W		;						
	If this production is commingled wit COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.						
	Designate Type of Completion	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
	Perforations			Depth Casing Shoe						
	TUBING, CASING, AND CEMENTING RECORD									
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
117	TEST DATA AND DECUEST FO	OR ALLOWARIE (Test must be a	fter recovery of total volume of load	oil and must be equal to or exceed top allow-						
٧.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)									
	Date First New Oil Run 16 Idaks	-	COT I	471						
	Length of Test	Tubing Pressure	Casing Pressure	Cloke Size						
	Actual Prod. During Test	Oil-Bbis.	Water-Bbis.	4 914-MG						
			The state of the s	ON CON-						
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMC	Grafity of Condensate						
			40.	and the second second						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size						
VI.	CERTIFICATE OF COMPLIANCE	CE	OIL CONSER	IUN 19 19 19 19 19 19 19 19 19 19 19 19 19						
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED								
above is true and complete to the best of my knowledge and belief. A. Suice			SUPERVISOR DIST. #3							
			TITLE 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, 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.							
							June 12, 1974 (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	