,	va or contenents 15	NEW MOXICO OIL CO		ISSION	Form C -104 Supersedes Old G	-104 and C-110		
	REQUEST FOR ALLOWABLE AND OUT 6.5 LAND OFFICE TRANSPORTER OIL / GAS / OPERATOR REQUEST FOR ALLOWABLE AND OFFICE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OPERATOR							
i.	PRONATION OFFICE Control El Paso Natural Gas Company							
	PO Box 990, Farmington, NM 87401							
	Reason(s) for filing (Check proper box) New Woll Recompletion Change in Transporter of: Change in Ownership Casinghead Gas Condensate Other (Flease explain) Other (Flease explain)							
'	If change of ownership give name and address of previous owner							
II.	DESCRIPTION OF WELL AND I United Name Huerfano Unit	EASE Well No. Pool Name, Including Fo 238 Angel Peak Ga	llup Ext.	Kind of Lease State, Federal c) Fee SF	078000-A		
	Location I 1840 Feet From The South Line and 890 Feet From The East							
	Unit Letter : Feet From The Line of Section 18 Township 26N Range 9W , NMPM, San Juan County							
Name of Authorized Transporter of On Company			O Box 990, I	d copy of this form is to Farmington, NM	87401			
	Name of Authorized Transporter of Casinghedd Gas or Dry Gas _X El Paso Natural Gas Company		Address (Give address	to which approve O Box 990,	d copy of this form is to Farmington, NM	be sent) [87401		
		Unit Sec. Twp. Ege.	Is gas actually connec	ted? When				
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.							
	Designate Type of Completion		X Total Depth		P.B.T.D.			
	Date Spudded 4-5-73	Date Compl. Ready to Prod. 6-13-73	5	995'	5978' Tubing Depth			
	Elevations (DF, REB, RT, GR, etc.) 6469'GL	Name of Producing Formation Gallup	Top % 1/Gas Pay	638'	5936' Depth Casing Shoe			
	Ferforations 5638-50', 5702-14', 57	l l		5995'				
	TUBING, CASING, AND		DEPTH SET		SACKS CEMENT			
	HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		232'	182 cu. ft.			
	7 7/8"	4 1/2"		995' 936'	1146 cu. ft.			
	-	2.3/8"				, 11		
V	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 able for this depth or be for full 24 hours)							
	Oll, WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li					
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size			
	Actual Prod. During Test	OH-Bbis.	Water-Bbls.		OIL CUM. COM			
	CAR WEST Y	•		DIST.	3/			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/NX		Gravity of Condensate 34.2			
	306	3 hours	Casing Pressure (Shut-in)		Choke Size			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 726	834		3/4''			
¥7:	Calc. AOF CERTIFICATE OF COMPLIAN	Carc. AOI			OIL CONSERVATION COMMISSION			
V I	. CENTRE COME OF COME DIES.	HIN 2 1 1973						

This form is to be filed in compliance with RULE 1104.

By Original Signed by Emery C.

APPROVED.

TITLE _

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)

(Title)

(Dute)

Drilling Clerk

June 21, 1973

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 MULE 111.

SUPERVISOR DIST. #3

All sections of this ferm 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, well name or number, or transporter, or other such change of condition.