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DISTRIBUTION			
SANTA FE		/	
FILE		1	
U.S.G.S.		<u> </u>	
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR			

	DISTRIBUTION		NSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110				
	SANTA FE		OR ALLOWABLE AND	Effective 1-1-65				
	FILE		SPORT OIL AND NATURAL GAS					
	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATORAL ONE					
	LAND OFFICE							
	TRANSPORTER GAS /							
	OPERATOR /							
1.	PRORATION OFFICE Operator							
	El Paso Natural Gas Company Address							
	P. O. Box 990, Farming	ton, NM 87401	[0] (0)					
	Reason(s) for filing (Check proper box)		Other (Please explain)					
	New Well	Change in Transporter of: Other Dry Gas						
	Recompletion	Oil Dry Gas Casinghead Gas Condens	a.e					
ĺ	Change in Ownership	Cdaniquedo dos [_]						
	If change of ownership give name and address of previous owner							
	DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, Including For	matten Kind of Lease	Lease No.				
	Lease Name	7.en 140.	State, Federal)or	SF078014				
	Huerfano Unit	254 Angel Peak Ga		E				
	Unit Letter 18	00 Feet From The S Line	andFeet From The					
	13 Tow	arkin 26N Range	10W , _{ммрм} , San Ju	ian County				
	Line of Section Tow	mship 2011 Hange						
***	III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent)							
111.	Name of Authorized Transporter of Oil	or consensate the						
	El Paso Natural Gas Co	mpany	P. O. Box 990, Farmingto	d copy of this form is to be sent)				
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas A	P. O. Box 990, Farmington					
	El Paso Natural Gas Co		Is gas actually connected? When					
	If well produces oil or liquids, I 13 26N 10W							
If this production is commingled with 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 Resty. Diff. Resty.				
	Designate Type of Completion	on - (X) X	X .	P.B.T.D.				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	6070'				
	01-30-74	12-03-74	60861 Top QU/Gas Pay	Tubing Depth				
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	5623	6035'				
	6574' GL	Gallup	3023	Depth Casing Shoe				
	5623', 5656', 5704', 5756', 5848', 5872', 5934', 5968', 6004', 6038' 6086'							
	TUBING, CASING, AND CEMENTING RESOLUTION CASES CEMENT							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	182 cu. ft.				
	12 1/4"	8 5/8"	226'	1012 cu. ft.				
	7 7/8''	4 1/2"	6086'	Tubing Tubing				
		2 3/8"						
	DESCRIPTION OF THE PROPERTY OF	TOP AT LOWARIE. (Test must be a	fter recovery of total volume of load oil a	nd must be equal to or exceed top allow-				
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL OR DESCRIPTION OF THE PRODUCT O								
	Date First New Oil Run To Tanks Date of Test							
		Tubing Pressure	Casing Pressure	Choke Size				
	Length of Test	Lubing Piessure						
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gai-MCF				
	Volume Lines Daniel		1	b/				
	GAS WELL Phile Condensate ANGE 3 hours Gravity of Condensate			Gravity of Condensate				
	Actual Prod. Test-MCF/D	Length of Test		39.7 API				
	606 Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size				
	Calc. A.O.F.	634	634	3/4" Variable				
_		NCE	OIL CONSERVA	TION COMMISSION				
(Signature) Drilling Clerk (Title) well, this form must be accompanied with F tests taken on the well in accordance with F All sections of this form must be filled o able on new and recompleted wells. Fill out only Sections I, II, III, and VI			ABBROVED	UEU 154 1314				
				Uriginal tasks				
			TITLE	SUPERVISOR DIST: #0				
			compliance with RULE 1104.					
			well, this form must be accompa	dence with BULE 111.				
			tests taken on the well in account	Att sections of this form must be filled out completely				
			I. III, and VI for changes of condition ter, or other such change of condition					
December 6, 1974 (Date)		Fill out only Sections I, II, III, and VI to Change of Condition well name or number, or transporter, or other such change of Condition well name Forms C-104 must be filed for each pool in multiply						

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.