DISTRIBUTION SANTA FE			
FILE			
U.S.G.S. LAND OFFICE			
TRANSPORTER	OIL		
TRANSFORTER	GAS		
OPERATOR			
PRORATION OF			

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Elfoctive 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	- AND ANSPORT OIL AND NATURAL G			
	LAND OFFICE		AND ON FOIL AND NATURAL O	AS		
	IRANSPORTER OIL					
	OPERATOR GAS	_				
1.	PRORATION OFFICE					
	Operator El Paso Natural Gas	Company		•		
	P. O. Box 990, Farmington, New Mexico 87401					
	Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of:				
	Recompletion Change in Ownership	Oil Dry Go Casinghead Gas Conden				
	If change of ownership give name					
	and address of previous owner					
11.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	ormation Kind of Lease	Lease No.		
	Huerfano Unit	260 Basin Dakota		i		
	Location		> FO F			
	Unit Letter F; 170	OO Feet From The N Lir	ne and 1725 Feet From T	The W		
	Line of Section 19 To	wnship 26N Range	10W , NMPM. San	Juan County		
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	<i>IS</i>	,		
	Name of Authorized Transporter of Oi	or Condensate X	Address (Give address to which approv	ed copy of this form is to be sent) Ington, New Mexico 87401		
	El Paso Natural Gas Name of Authorized Transporter of Co		Address (Give address to which approv			
	El Paso Natural Gas			ington, New Mexico 87401		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 10V	Is gas actually connected? Whe	n		
		ith that from any other lease or pool,		, <u>, , , , , , , , , , , , , , , , , , </u>		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Designate Type of Completi	on – (X) X	X			
	Date Spudded 14-27-74	Date Compl. Ready to Prod.	Total Depth 6478 :	P.B.T.D. 6465'		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top XX/Gas Pay	Tubing Depth		
	6395' GL	Dakota	6264	6398 * Depth Casing Shoe		
	Perforations 62641 62961 63321	, 6350', 6 3 90', and 6413		6478 '		
	TUBING, CASING, AND CEMENTING RECORD					
	12 1/4"	8 5/8"	215'	183 cu. ft.		
	7 7/8"	4 1/2"	6478'	1128 cu. ft.		
	1 1/0	2 3/8"	63981	Tubing		
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	epth or be jor juit 24 hours)	//		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	i, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
			Water - Bbls.	Gas-MC OIL CON COM.		
	Actual Prod. During Test	Oil-Bbls.	Wdier - Dbie.	Gas-MCT OIL DIST. 3		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMSF 3 hours	Gravity of Condensate		
	526	3 hours	15.51 Casing Pressure (Shut-in)	44.0		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 984	Casing Pressure (Shut-in) 1562	Choke Size 3/4" variable		
.71	Calc. A O.F. CERTIFICATE OF COMPLIAN	<u></u>	<u> </u>	TION COMMISSION		
71.	CERTIFICATE OF COMPENSAGE		lin.	_ 3 3 1974		
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.			7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
	D. D. Sseare (Signature)		This form is to be filed in compliance with RULE 1104.			
Jr. Disease			If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation			
	Drilling Clerk	interes.	tests taken on the well in accordance with RULE 111.			
	· · · · · · · · · · · · · · · · · · ·	itle)	All sections of this form must be filled out completely for allowable on new and recompleted wells.			
	July 17, 1974		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			
(Date)			well find of find must be filed for each nool in multiply			