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SANTA FE		<u> </u>	<u> </u>
FILE		ļ	<u> </u>
U.S.G.S.		<u> </u>	<u> </u>
LAND OFFICE			
TRANSPORTER	OIL	<u> </u>	
	G A S		<u> </u>
OPERATOR			<u> </u>
		4	i

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104
Supercedes Old C-104 and C-110

SANTA FE	1	OR ALLOWABLE Effective 1-1-65				
FILE	1	AND FRONT OIL AND NATURAL GAS				
U.S.G.S.	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL GAS				
LAND OFFICE						
TRANSPORTER GAS		A A Carry				
OPERATOR						
PRORATION OFFICE						
Operator	e Oil & Gas	,	MAY 0 6 1987			
Curtis J. Littl	e on a das		The state of the state of			
P. O. Box 125	8 Farmington, New	Mexico 87499	ON. DIV.			
Reason(s) for filing (Check proper box	)	Other (Please explain)	7-1-1			
New We!1	Change in Transporter of:  Oil Dry Gas					
Change in Ownership	Casinghead Gas Condense	ate 🔲				
If change of ownership give name and address of previous owner						
	~ D1					
DESCRIPTION OF WELL AND Legse Name	Well No. Pool Name, Including For	mation Kind of Lea	Lease No.			
State Com	1 Ballard Picture	ed Cliffs State, Federal or Fee LG-3031				
Location			F .			
Unit Letter P : 990	Feet From The South Line	and 990 Feet From	n The East			
	waship 26N Range 8	SW NMPM, Sar	n Juan County			
Line of Section 2 To	waship ZON Hange C					
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	Cine address to which and	proved copy of this form is to be sent)			
Name of Authorized Transporter of Oi	or Condensate	Address (Give address to which opp				
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas X	Address (Give address to which app	proved copy of this form is to be sent)			
El Paso Natural Gas	Company	P. O. Box 1492, El	Paso, Texas 79978			
If well produces oil or liquids,	Unit   Sec.   Twp.   P.ge.	Is gas actually connected?	When			
give location of tanks.		No	May 15, 1987			
If this production is commingled w	ith that from any other lease or pool, g	give commingling order number:				
COMPLETION DATA		New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.			
Designate Type of Completi	on – (X)	1 1	P.B.T.D.			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	2354' KB			
5–16–85	5-31-85 Name of Producing Formation	2359 ' KB	Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Ballard Pictured Cliffs	2204' Slim hole				
6190' GR			Depth Casing Shoe			
2204'-2218',	2222'-2228', 2246', 2250'	'-2260'	2365'			
	TUBING, CASING, AND	DEPTH SET SACKS CEMENT				
HOLE SIZE	CASING & TUBING SIZE	119' KB				
8 3/4	2 7/8"	2359'	203 sacks			
6 2/4	2 // 3					
			and must be equal to or exceed top allow-			
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be of able for this de	oth or be for full 24 nours?	oil and must be equal to or exceed top allow			
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)			
Jake F Mat			Choke Size			
Length of Test	Tubing Pressure	Casing Pressure				
	Oil-Bbls.	Water - Bbls.	Gas-MCF			
Actual Prod. During Tost						
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
Actual Prod. Test-MCF/D	3 hours	0	0			
619 Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size 3/4			
Back pressure	Slim hole	012				
CERTIFICATE OF COMPLIA	NCE	OIL CONSER	MAY 0 8 1987			
		OIL CONSERVATION COMMISSION 987  APPROVED  Original Signed by FRANK T. CHAVEZ				
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given the beat of my knowledge and belief.						
above is true and complete to	the best of my knowledge and belief.	SUPERVISOR DISTRICT \$ 3				
1.	_	TITLE				
		11	in compliance with RULE 1104.			
( ! ! lelge		If this is a request for allowable for a newly drilled or deepened and this is a request for allowable for a newly drilled or deepened with this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation				
JS S	ignaturg		well, this form must be accompanied by a table.  tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow			
	120- 1	All sections of this for	I must be iming out touch			

." (Title) (Date) All sections of this form 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.