SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE		CONSERVATION COMP FFOR ALLOWABLE AND ANSPORT OIL AND	•	Effective 1-	01d C-104 and C-1.
El Paso Hatural Gas	: Company				
Address Roy 900 Formington	n. New Mexico 87401	-			
Box 990, Formington Reason(s) for Hing (Check proper box	()	Other (Pleas	e explain)		
New We!I	Change in Transporter of:	רסיו		•	
Recompletion Change in Ownership	Oil Dry G Casinghead Gas Conde	=			
If change of ownership give name	3500	·· ••••			
and address of previous owner					
DESCRIPTION OF WELL AND	LEASE		T.:		
San Juan 28-6 Un	it 154 Basin Dakota	ormation	State, (Federal		F 079050-D
Location	ic 101 Basin Baketa	· · · · · · · · · · · · · · · · · · ·	1	<i>y</i>	1 1077000 15
Unit Letter N : 81	.0 Feet From The South Lin	ne and1650	Feet From T	_{he} West	
	waship 28N Range	6W , NMPM		Rio Arriba	
Line of Section 27 To	whenth ZOIV Range	UVY , NATES	•	KIO ATTIDA	County
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA				
Name of Authorized Transporter of Oil	or Condensate X	Address (Give address			-
Name of Authorized Transporter of Oil El Paso Natural Gas	or Condensate X	Box 990, Farmi	ngton, No	w Mexico 874	01
Name of Authorized Transporter of Oil	or Condensate X Company singhed Gas or Dry Gas X	Address (Give address	ngton, No.	Mexico 874	Ol to be sent)
Name of Authorized Transporter of Cil El Paso Natural Gas Name of Authorized Transporter of Car	or Condensate X Company singhed Gas or Dry Gas X	Address (Give address Box 990, Farmi Address (Give address	ngton, No.	Mexico 874 decopy of this form is	Ol to be sent)
Name of Authorized Transporter of Olf El Paso Matural Gas Name of Authorized Transporter of Car Northwest Pipeline	or Condensate X Company Singhed Gas Corporation	Address (Give address Box 990, Farmi Address (Give address 501 Airport Dr	ngton, No.	Mexico 874 decopy of this form is	Ol to be sent)
Name of Authorized Transporter of Cil El Paso Matural Gas Name of Authorized Transporter of Car Northwest Pipeline If well produces off or Hquids, give location of tanks. If this production is commingled with	or Condensate X Company singhed Gas or Dry Gas X Corporation Unit Sec. Twp. Pge.	Address (Give address Box 990, Farmi Address (Give address 501 Airport Dr Is gas actually connects	ngton, No.	Mexico 874 decopy of this form is	Ol to be sent)
Name of Authorized Transporter of Olf El Paso Matural Gas Name of Authorized Transporter of Car Northwest Pipeline If well produces off or Hauda, give location of tanks. I this production is commingled with COMPLETION DATA	or Condensate X Company singhed Gas or Dry Gas X Comporation Unit Sec. Twp. Pige. N 27 28 6 th that from any other lease or pool,	Address (Give address Box 990, Farmi Address (Give address 501 Airport Dr Is gas actually connects	ngton, No.	M Mexico 874 and copy of this form is ington, New M	Ol to be sent)
Name of Authorized Transporter of Cil El Paso Natural Gas Name of Authorized Transporter of Car Northwest Pipeline If well produces off or Ifquids, give location of tanks. If this production is commingled wir COMPLETION DATA Designate Type of Completion	or Condensate X Company singhed Gas or Dry Gas X Comporation Unit Sec. Twp. Pige. N 27 28 6 th that from any other lease or pool,	Address (Give address Box 990, Farmi Address (Give address 501 Airport Dr Is gas actually connect	ngton, No. to which approve rive, Farm. When	M Mexico 874 Id copy of this form is ington, New M	Ol to be sent) exico 87½01
Name of Authorized Transporter of Olf El Paso Matural Gas Name of Authorized Transporter of Car Northwest Pipeline If well produces off or Hauda, give location of tanks. I this production is commingled with COMPLETION DATA	or Condensate X Company singhed Gas or Dry Gas X Comporation Unit Sec. Twp. Pige. N 27 28 6 th that from any other lease or pool,	Address (Give address Box 990, Farmi Address (Give address 501 Airport Dr Is gas actually connect	ngton, No. to which approve rive, Farm. When	M Mexico 874 and copy of this form is ington, New M	Ol to be sent) exico 87½01
Name of Authorized Transporter of Cil El Paso Natural Gas Name of Authorized Transporter of Car Northwest Pipeline If well produces off or Ifquids, give location of tanks. If this production is commingled wir COMPLETION DATA Designate Type of Completion	or Condensate X Company singhed Gas or Dry Gas X Comporation Unit Sec. Twp. Ege. N 27 28 6 th that from any other lease or pool, on - (X) Gas Well	Address (Give address Box 990, Farmi Address (Give address 501 Airport Dr Is gas actually connected give commingling order	ngton, No. to which approve rive, Farm. When	M Mexico 874 Id copy of this form is ington, New M	Ol to be sent) exico 87½01
Name of Authorized Transporter of Cil El Paso Matural Gas Name of Authorized Transporter of Car Northwest Pipeline If well produces off or Haulds, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded	or Condensate X Company singhed Gas or Dry Gas X Corporation Unit Sec. Twp. Ege. N 27 28 6 th that from any other lease or pool, On - (X) Date Compl. Ready to Prod.	Address (Give address Box 990, Farmi Address (Give address 501 Airport Dr Is gas actually connects give commingling order New Well Workever Total Depth	ngton, No. to which approve rive, Farm. When	M Mexico 874 depth of this form is ington, New M	Ol to be sent) exico 87½01
Name of Authorized Transporter of Cil El Paso Matural Gas Name of Authorized Transporter of Car Northwest Pipeline If well produces off or liquids, give location of tanks. If this production is commingled wir COMPLETION DATA Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.)	or Condensate X Company singhed Gas or Dry Gas X Corporation Unit Sec. Twp. Ege. N 27 28 6 th that from any other lease or pool, on - (X) Date Compl. Ready to Prod. Name of Producing Formation	Address (Give address Box 990, Farmi Address (Give address 501 Airport Dr Is gas actually connected give commingling order New Well Workever Total Depth Top Oil/Gas Pay	ngton, No. to which approve ive, Farm ed? Wher number:	M Mexico 874; depth is form is ington, New Mexico New New Mexico New New Mexico New	Ol to be sent) exico 87½01
Name of Authorized Transporter of Cil El Paso Matural Gas Name of Authorized Transporter of Car Northwest Pipeline If well produces off or liquids, give location of tanks. If this production is commingled wir COMPLETION DATA Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.)	or Condensate X Company singhed Gas or Dry Gas X Corporation Unit Sec. Twp. Ege. N 27 28 6 th that from any other lease or pool, On - (X) Date Compl. Ready to Prod.	Address (Give address Box 990, Farmi Address (Give address 501 Airport Dr Is gas actually connected give commingling order New Well Workever Total Depth Top Oil/Gas Pay	ngton, Novice approved ive, Farm where where I beepen I b	M Mexico 874; depth is form is ington, New Mexico New New Mexico New New Mexico New	Ol so be sent) exico 871:01
Rame of Authorized Transporter of Cil El Paso Matural Gas Name of Authorized Transporter of Car Northwest Pipeline If well produces off or Hquids, qive location of tanks. If this production is commingled wir COMPLETION DATA Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations	or Condensate X Company singhed Gas or Dry Gas X Corporation Unit Sec. Twp. Ege. N 27 28 6 th that from any other lease or pool, on - (X) Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AND	Address (Give address Box 990, Farmi Address (Give address 501 Airport Dr Is gas actually connects give commingling order New Well Workever Total Depth Top Oli/Gas Pay	ngton, Novice approved ive, Farm where where I beepen I b	M Mexico 874 decay of this form is ington, New Mexico Nex New Mexico New Mexico New Mexico New New Mexico New Mexico New	Ol so be sent/ exico 871:01
Rame of Authorized Transporter of Cil El Paso Matural Gas Name of Authorized Transporter of Car Northwest Pipeline If well produces off or Hquids, qive location of tanks. If this production is commingled wir COMPLETION DATA Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations	or Condensate X Company singhed Gas or Dry Gas X Corporation Unit Sec. Twp. Ege. N 27 28 6 th that from any other lease or pool, on - (X) Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AND	Address (Give address Box 990, Farmi Address (Give address 501 Airport Dr Is gas actually connects give commingling order New Well Workever Total Depth Top Oli/Gas Pay	ngton, Novice approved ive, Farm where where I beepen I b	M Mexico 874 decay of this form is ington, New Mexico Nex New Mexico New Mexico New Mexico New New Mexico New Mexico New	Ol so be sent/ exico 871:01

TEST DATA AND REQUOIL WELL eed top allowable for this depth or be for full 24 hours)

OM, ACYT								
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	imp, gas lijt, etc.)					
Length of Test	Tubing Pressure	Casing Pressure	Choke Size					
Actual Prod. During Test	OII-Bbis.	Water - Sbis.	Gas-MCF					
			<u> </u>					
O 4 O 10177 F			, J.					

GAS WELL
Actual Prod. Test-MCF/D Gravity of Condensary Bbis. Condensate/MMCF Length of Test Choke Size Casing Pressure (Ehut-in) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)

DERTIFICATE OF COMPLIANCE

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.

*DOAC	18	true	ano	compre	(C 10) (176	Dest	υı	шу	KHOWIEGE	. 6110	beirei.	
	3												
	<u></u>	<u></u>				Siena	(ure)						
		D.		107.4		(Tit	le)						
	ſ [.D	4	1974									

(Date)

OIL CONSERVATION COMMISSION

FEB 7 y A. R. Fendrick . 19 APPROVED. BY. PERCLEUM HANDWER DOUB NO. 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.

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporten or other such change of condition. Town Cites must be filled for such need in multiply