			/
NO. OF COPIES RECEIVED	C:		
DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104
SANTA FE	1	FOR ALLOWABLE	Supersedes Old C-104 and C-110
FILE	T. T	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS
LAND OFFICE	AGTHORIZATION TO THE	A TOTO STATE AND THE TOTAL	<i>-</i> 7.6
I RANSPORTER OIL			
GAS			
OPERATOR			
PRORATION OFFICE			
Cperator			
El Paso Natural Ga	s Company		
Address COO Farmington	Nor Morioo		
Box 990, Farmington		Oth. (81	
Reason(s) for filing (Check prope		Other (Please explain)	
New Well	Change in Transporter of:		
Hecompletion	Oil Dry G		
Change in Ownership	Casinghead Gas Conde	ensate	
If change of ownership give na and address of previous owner			
-			
DESCRIPTION OF WELL A	Well No. Pool No.	ame, Including Formation	Kind of Lease
Ruerfanito Unit		sin Dakota	State_Federal or Fee
Location			
	1650 South	1650	West
Unit Letter;	Feet From TheLi	ne andFeet From	
Unit Letter;	reet From TheLI	o_W San	The
Unit Letter; Line o: Section 33	Feet From TheLi	ne andreet from	The
Unit Letter; Line o: Section 33	, Township 27-N Range	9-W , NMPM, San	The
Unit Letter : : : : : : : : : : : : : : : : : : :	, Township 27-N Range	9-W , NMPM, San AS AS Address (Give address to which appr	Juan Courty Oved copy of this form is to be sent)
Line o: Section 33 DESIGNATION OF TRANS	, Township 27-N Range PORTER OF OIL AND NATURAL G. of Cil or Condensate	9-W , NMPM, San	Juan Courty Oved copy of this form is to be sent)
Line of Section 33 DESIGNATION OF TRANS Name of Authorized Transporter El Paso Natural Ga	PORTER OF OIL AND NATURAL Good Cil or Condensate Company	9-W , NMPM, San AS AS Address (Give address to which appr Box 990, Farmington, Address (Give address to which appr	Tuen Courty Oved copy of this form is to be sent) New Mexico Oved copy of this form is to be sent)
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Date First New Cil Run To Tanks	Date of Test Tubing Pressure	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test		Casing Pressure	/ Kerry CD /	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	OCT 28 1965	
CAS WELL			OIL CON. COM./	

GAS WELL
Actual Prod. Test-MCF/D Gravity of Condersate Length of Test Bbls. Condensate/MMCF 2849 MCF/D 3 hours Casing Pressure
SIPC 2025 Choke Size 3/4" Testing Method (pitot, back pr.) Tubing Pressure Calc. A.O.F SIPT 1902

VI. CERTIFICATE 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.

OR G'NAL SIGNED E.S. OBERLY Petroleum Engineer (Signature)				
October 21, 1965	(Title)			
	(Date)			

OIL CONSERVATION COMMISSION

APPROVED 0CT 2 8 1965 BY Original Signed Emery C. Arnold

TITLE Supervisor Dist. # 8

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 Sections I, II, III, and VI only 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. $\bar{\ }$