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SANTA FE		1	
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U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL	·	
	GAS		
OPERATOR		62	
PRORATION OFFICE			

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SANTA FE		NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 DECLIFST FOR ALLOWARIE Supersedes Old C-104 and C-		
FILE /	REQUEST	Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TRA	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
LAND OFFICE	AUTHORIZATION TO TRA	THO OR TOLE AND HATOKAE		
IRANSPORTER OIL				
GAS				
OPERATOR PROPATION OFFICE				
Operator				
El Paso Natural Ga	s Company			
Address				
Box 990, Farmingto		Other (Please explain)		
Reason(s) for filing (Check proper New We!l	Change in Transporter of:	Office (Prease explain)		
Recompletion	Oil Dry Go	as		
Change in Ownership	Casinghead Gas Conde	nsate		
If change of ownership give name and address of previous owner.	ne			
and address of provided states 2				
II. DESCRIPTION OF WELL AS	ND LEASE Well No. Pool Name, Including F	Formation Kind of Lea	Lease No.	
Feasel		Pictured CliffsState, Fexe	ral or Fee SF 077874	
Location	2 4244	7 1 2 0 0 2 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
n c	90 Feet From The North Lin	ne and 1650 Feet From	n The East	
Unit Letter;;	Feet From The	ne und cot : . co.		
Line of Section 2	Township 27N Range	10W , NMPM, San	Juan County	
II. DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL GA	As	roved copy of this form is to be sent)	
Name of Authorized Transporter o	Name of Authorized Transporter of Oil or Condensate Address (Give address to which a El Paso Natural Cas Company Box 990, Farmington			
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approv				
El Paso Natural Ga	as Company Box 990, Farmington, New Mexi		lew Mexico	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	Vhen	
give location of tanks.	B 2 27N 10W			
If this production is commingled	i with that from any other lease or pool,	give commingling order number:		
IV. COMPLETION DATA	Oil Wel: Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty	
Designate Type of Comp		X Morrover Bosheri		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
9-13-67	10-10-67	20381	20281	
Elevations (DF, RKB, RT, GR, et	c.) Name of Producing Formation	Top XX/Gas Pay	as Pay Tubing Depth	
5943' GL	Pictured Cliffs	1914' Tubingless Completion		
Perforations			Depth Casing Shoe	
1914-30, 1944-60		ID CENENTING DECORD		
	CASING & TUBING SIZE	DEPTH SET SACKS CEMENT		
HOLE SIZE	8 5/8"	143'	170 Sks.	
6 3/4"	2 7/8"	2038'	175 Sks.	
V. TEST DATA AND REQUES	T FOR ALLOWABLE (Test must be	after recovery of total volume of load of	oil and must be equal to or exceed top allow	
OIL WELL	ante jor titta u	lepth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)	
Date First New Oil Run To Tanks	Date of Test	producing Method (1 tob) pump, and		
Land Tool	Tubing Pressure	Casing Pressure	Choke Size	
Length of Test			007	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF OIL	
			6382	
-				
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	- '	Bara. Condensato, Minor		
972 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Calculated A.O.F.	,	427	3/4"	
CERTIFICATE OF COMPL	IANCE	OIL CONSER	VATION COMMISSION	
. CENTIFICATE OF COMPL		חחד	20 1967	
I hereby certify that the rules	and regulations of the Oil Conservation	n ~		
	ied with and that the information giver o the best of my knowledge and belief	9 11	y Emery C. Arnold	
above is true and complete t	A me cont of mit moureable and parter	CITATION	SOR DIST. #5	
Cr	Original Signed F. H. WOOD		This form is to be filed in compliance with RULE 1104.	
			lowable for a newly drilled or deepend mpanied by a tabulation of the deviation	
k Petroleum Engine	(Signature)	tests taken on the well in ac	COrdance With RULE 111.	
T Le CLOTERIU PIRETIE	(Title)	All sections of this form able on new and recompleted	must be filled out completely for allowells.	
	*****/	II SOTE OU HEM SHE ISCOMBISERS		

(Signature) k Petroleum Engineer				
October 17,	(Title)			
	(Date)			

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.