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DISTRIBUTION	 		
SANTA FE		NEW	
FILE	1/1	_	
U.S.G.S.	1 1	AUTHORIZA	
LAND OFFICE	+	AUTHORIZA	١
TRANSPORTER GAS	//		
OPERATOR	2		
PRORATION OFFICE			
Operator	.1		
El Paso Matur	al Cas	Commeny	
Address			
Box 990, Farm	ineton.	Marrian .	
Reason(s) for filing (Check		West Service .	
New Well		Change in Trans	5 !
Recompletion		•	
		OH .	
Change in Cwnership		Oil Casinghead Gas	
Change in Cwnership			_
Change in Ownership If change of ownership given address of previous of			_
If change of ownership give and address of previous of DESCRIPTION OF WEI	wner	Casinghead Gas	_
If change of ownership give and address of previous of DESCRIPTION OF WEI Lease Name	wner	Casinghead Gas EASE Well No. Pool	
If change of ownership give and address of previous of DESCRIPTION OF WEI Lease Name Dryden	wner	Casinghead Gas	
If change of ownership give and address of previous of DESCRIPTION OF WEI Lease Name	wner	Casinghead Gas EASE Well No. Pool	
If change of ownership give and address of previous of the pre	LL AND L	EASE Well No. Foo. Feet From The	· ·
If change of ownership give and address of previous of the pre	1840 Town	EASE Well No. Fool Feet From The ship ER OF OIL AND	
If change of ownership give and address of previous of the property of the pro	1840 Town	EASF. Well No. Pool Feet From The ship 281 ER OF OIL AND or Condens	. 3
If change of ownership give and address of previous of the pre	1840 Town	EASF. Well No. Pool Feet From The ship 281 ER OF OIL AND or Condens	
If change of ownership give and address of previous of the property of the pro	Town ANSPORT orter of Cit (conter of Cash	EASE Well No. Pool Feet From The ship 288 ER OF OIL AND or Condens OCCUPANY Inghead Gas Condens	

(Date)

MEXICO OIL CONSERVATION COMMISSION

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		
SANTA FE			Supersedes Old C-104 and C-11 Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRAN		L GAS	
LAND OFFICE	No monization to ma		_ 0	
TRANSPORTER OIL /	_			
OPERATOR 7	-			
PRORATION OFFICE				
Operator				
El Paso Natural Gas	Company			
Address Roy 000. Townington	, Her Mexico - 87401			
Reason(s) for filing (Check proper bor		Other (Please explain;		
New Well	Change in Transporter of:			
Recompletion	Oil Dry Gas	=		
Change in Gwnership	Casinghead Gas Condens	sate		
f change of ownership give name nd address of previous owner				
·				
DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including Fo.	rmation Kind of L	ease Lease No.	
Dryden	5 South Blanco	Pictured Cliffstate, Fg	terd; cr Fee 1012200	
Location		9aa	Po ob	
Unit Letter 1 : 1840	Feet From The South Line	e and Feet Fr	rom The	
Line of Section 28 To	wnship 28 Range	84 , NMPM,	Sen Juan County	
DESIGNATION OF TRANSPOR Name of Authorized Transporter of Ci	TER OF OIL AND NATURAL GAS	Address (Give address to which a	pproved copy of this form is to be sent)	
El Paso Natural Gas		Box 990. Farmington	. Her Mexico - 87401	
Name of Authorized Transporter of Ca		Address (Give address to which a	pproved copy of this form is to be sent)	
El Paso Hateral Gas			New Maxieo - 87401	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
give location of tanks.	I 28 28 8W	ing commingling order number:	-	
f this production is commingled wincomplet wind the completion of the completion of the complete wind	ith that from any other lease or pool, g			
Designate Type of Completi	on = (X)	New Well Workover Deeper	Plug Back Same Resty. Diff. Resty	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
4-2-69	4-24-69	ं	23321	
Elevations (DF, RKB, RT, GR, etc.)		Top To VGas Pay	Tubing Depth	
5817' at	Pictured Cliffs	2224	Tubingless Completion Depth Casing Shoe	
Perforations			Septim Galaxing and	
2224-29', 2238-48'	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12 1/4"	8 5/8"	134'	95 Sks.	
6 3/4"	2 7/8"	23/21	155 Sks.	
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af	fter recovery of total volume of load pth or be for full 24 hours)	i oil and must be equal to or exceed top allou	
OIL WELL Date First New Oil Hun To Tanks	Date of Test	Producing Method (Flow, pump, g	as lift, etc.)	
Date Flist New Str. 10 1 dies			CECTION AND ADDRESS OF THE PARTY OF THE PART	
Length of Test	Tubing Pressure	Casing Pressure	" LIVED	
		Water-Bbis.	/Ggs-MCF	
Actual Prod. During Test	Cil-Bbls.	water-Bus.	MAY 5 1969	
		<u>i </u>		
GAS WELL			OIL CON. COM.	
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity Pishion Ite	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Calculated A.O.F.	Tubing Pleasente (Bint-In)	10h0	3/4"	
CERTIFICATE OF COMPLIA	CE		RVATION COMMISSION	
CERTIFICATE OF COMPETA.	102	MAY 5 1969		
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED		
Commission have been complied above is true and complete to the	with and that the information given ne best of my knowledge and belief.	By Original Signed	By Original Signed by Emery C. Arnold	
		 	SUPERVISOR DIST. #S	
O da	inal signed by		i in compliance with RULE 1104.	
	inal signed by I E. Matthews	realistic and apprect for	allowable for a newly drilled or deepens	
	nature)	I Abin form must be acci	ompanied by a tabulation of the deviation	
Petroleum Engineer		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow		
	itle)	able on new and recomplete	ed wells.	
May 1, 1969		Fill out only Sections I, II. III, and VI for changes of owner,		

Fill out only Sections I, II, 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

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