NO. OF COPIES REC	7	$\overline{}$	
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DISTRIBUTION			
SANTA FE FILE U.S.G.S. LAND OFFICE		/	
		1	4
TRANSPORTER	OIL	/	
	GAS	<u> </u>	
OPERATOR		3	
PRORATION OFFICE		<u> </u>	<u> </u>

NEW MEXICO OIL CONSERVATION COMMISSION

SAN	TAFE /		FOR ALLOWABLE	Supersedes Old C-104 and C-110	
FIL			AND	Effective 1-1-65	
U.S.	.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL GA	S	
LAI	ND OFFICE				
TR	ANSPORTER OIL /				
-	GAS GAS GRATOR				
200	ORATION OFFICE				
Oper	ator		·		
	El Paso Natural Ga	s Company			
Addı		NIM 87401			
	PO Box 990, Farmi	ngton, NW 67401	Other (Please explain)		
1	we!!	Change in Transporter of:	\		
	ompletion	Oil Dry Gas	s 🔲		
	nge in Ownership	Casinghead Gas Conden	sate		
L					
If ch and	ange of ownership give name address of previous owner				
		FACE	·		
I. DES	SCRIPTION OF WELL AND L	Well No. Pool Name, Including Fo	ormation Kind of Lease	or Fee NM 013363	
	Phillips	3 Basin Dakota	State, Federal	or Fee NM 013363	
Loc	ation	Nonth	940	West	
	Unit Letter D 94	Feet From The North Lin	ne and Feet From Ti	he	
	22	rship 28N Range	8W NMPM, San	Juan County	
	Line of Section 32 Tow	nship Z8IN Range	7 1403 347		
	TRANSPORT	ER OF OIL AND NATURAL GA	\s		
II. DE	me of Authorized Transporter of Oil	or Condensate	,		
ļ	El Paso Natural G	as Company	PO Box 990, Farmington, Address (Give address to which approv	NM 87401	
No	me of Authorized Transporter of Cas	inghead Gas or Dry Gas X	•		
- }	El Paso Natural G	as Company	PO Box 990, Farmington,	NM 8/401	
11	well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is das detudity connected.		
giv	re location of tanks.	D 32 28N 8W	· incline order number:		
If th	his production is commingled with	th that from any other lease or pool,		Plug Back Same Res'v. Diff. Res'v.	
v . <u>co</u>	MPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resiv. Dill. Resiv.	
	Designate Type of Completic		X	P.B.T.D.	
Do	rte Spudded	Date Compl. Ready to Prod.	Total Depth	7633	
	8-6-71	9-29-71	7646 Top 0:1/Gas Pay	Tubing Depth	
EI	evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	7337'	7576'	
	6727'GL	Dakota	1 ,00,	Depth Casing Shoe	
Pe	ariorations 7.227 451 7.424 - 41	0', 7486-92', 7522-28', 75	538-46', 7556-68'	7646'	
_	/33/-45 , /424-40	TUBING, CASING, AN	ND CEMENTING RECORD		
-	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT 205 SKS.	
	13 3/4"	9 5/8"	205'	810 sks.	
-	8 3/4 87 7/8"	4 1/2"	7646' 7576'	tubing	
		2 3/8"	7370	(0.5)	
			after recovery of total volume of load oil	and must be equal to or exceed top allow	
V. T	EST DATA AND REQUEST F	OR ALLOWABLE (lest must be able for this	depth or be for full 24 nours;		
OII. WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump,)			Producing Method (Flow, pump, gas li	FOFILE	
٦				TCh. OH	
-	ength of Test	Tubing Pressure	Casing Pressure	ALVERTINED/	
Ì		·	Water-Bbis.	GO OCT 1 3 1971	
<u> </u>	ctual Prod. During Test	Oil-Bbis.		UCT 1 3 1971	
				OIL CON. COM.	
				11107	
G	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
1		3 hours		Choke Size	
<u> </u>	4169 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	3/4"	
	Calc. AOF	1569	1546		
VI. C	ERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION	
			APPROVED	, 19	
. 1	hereby certify that the rules and	d regulations of the Oil Conservation with and that the information give he has of my knowledge and belie	original Signed by Emery C. Arnold		
C	commission have been compiled bove is true and complete to t	he best of my knowledge and belie	C BY UITETHAT DESCO	SUPERVISOR DIST. #3	
Original Signed F. H. WOOD (Signature)		TITLE	TITLE		
		and to so be filed in	to as he filed in compliance with RULE 1104.		
		If this is a request for allowable for a newly drilled or despendence well, this form must be accompanied by a tabulation of the deviation well, this form must be accordance with RULE 111.			
Petroleum Engineer (Title) October 13, 1971		able on new and recompleted	The second of OWD		
		Fill out only Sections I.	Fill out only Sections I. II. III. and VI for change of condition		
_	0000000	(Date)	well name or number, or transp	ust be filed for each pool in multi	
			completed wells.		