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DISTRIBUTIO)H			
SANTA FE		1		
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U.S.G.S.				
LAND OFFICE		I		
TRANSPORTER	OIL	\mathbb{L}'		
	GAS			
OPERATOR		1		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C -104
Supersedes Old C-104 and C-110
Effective 1-1-65

	SANTA FE /	REQUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
	#ILE / L	ALITHODIZATION TO TRA	AND NSPORT OIL AND NATURAL (`AC	
	LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL C	3A3	
	1016				
	TRANSPORTER GAS /			,	
	OPERATOR /				
1.	PRORATION OFFICE				
	El Paso Natural Gas Co	nmany			
	Address	Jilipany	· · · · · · · · · · · · · · · · · · ·		
	PO Box 990, Farmingto	on, NM			
	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well	Change in Transporter of:		· ·	
	Recompletion	Oil Dry Gas	─ !	·	
	Change in Ownership	Casinghead Gas Conden	sate [_]	<u> </u>	
	If change of ownership give name				
	and address of previous owner				
11.	DESCRIPTION OF WELL AND	LEASE			
	Lease Name	Well No. Pool Name, Including Fo	etured Cliffs State, (Federal		
	Grambling A	6 So. Blanco Pic	Cured Cities State, & edera	1,761 7 60	
	Location H 1710	North	800	East	
	Unit Letter;;	Feet From TheLine	e and Feet From '	The	
	Line of Section 21 Tow	vnship 28N Range	8W, NMPM,	San Juan County	
	Line of Section 21 Tow	2014			
m.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	.s		
•••	Name of Authorized Transporter of Oil	or Condensate X	Address (Give address to which appro PO Box 990, Farm	ved copy of this form is to be sent)	
	El Paso Natural Gas C		Address (Give address to which appro		
	Name of Authorized Transporter of Cas		PO Box 990, Farm	· · · · · · · · · · · · · · · · · · ·	
	El Paso Natural Gas C	Unit Sec. Twp. Pge.	·	en en	
	If well produces oil or liquids, give location of tanks.				
	· · · · · · · · · · · · · · · · · · ·	th that from any other lease or pool,	give commingling order number:		
	If this production is commingled with COMPLETION DATA			The state of the s	
14.		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completic	1	Total Depth	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod. 4-26-73	2379'	2368'	
	9-22-72	Name of Producing Formation	Top XL/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Pictured Cliffs	2240'	tubingless	
	5809' GL			Depth Casing Shoe 2379'	
Perforations 2240-54', 2274-84' and 2310-20'					
			CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	134'	107 cu. ft.	
	12 1/4"	8 5/8" 2 7/8"	2379'	330 cu. ft.	
	6 3/4"		2017		
		tubingless			
	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-	
٧.	OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas l.		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gos .	" " OH HIVEN	
		Tubing Pressure	Casing Pressure	Chore Size La La	
	Length of Test	I daing Piessan		1175	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gd=-MGRAY 4 19/3	
	Actual From Danie			I OIL OON, COM.	
			•	DIST. 3	
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test 3 hrs.	Bois. Condensate/MMCF	diam, di comenia	
	1552	Tubing Pressure (Shut-is)	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.) Calc. AOF	tubingless	964	3/4"	
		<u> </u>	OIL CONSERV	ATION COMMISSION	
VI.	CERTIFICATE OF COMPLIAN	CE		MAY 4 1973 19	
•	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED		
Commission have been complied with and that the information given showe is true and complete to the best of my knowledge and belief.			Original Signed by A. R. Kendrick		
			DESTRUCT WITH ENGT	NEER DIST. NO. 3	
			TITLE		
VI HILLAND		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.			
+10W000					
Petroleum Engineer (Title)					
(Date)		Fill out only Sections I, II, and vi to the secondition well name or number, or transporter, or other such change of condition.			

(Date)