NO OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE		1	
FILE		1	
U.S.C.S.			
LAND OFFICE			
IRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		1	
ANDRA FIRM OFFICE		•	

	DISTRIBUTION  SANTA FE / / FILE / / / / / / / / / / / / / / / / / / /	REQUEST	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND RIZATION TO TRANSPORT OIL AND NATURAL GA		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
i.	Operator						
	El Paso Natural Gas Company						
	PO Box 990, Farmington Reason(s) for filing (Check proper box)  New Well  Recompletion  Change in Ownership  If change of ownership give name	Change in Transporter of: Oil Dry Gas Casinghead Gas Conden	<del></del>	explain)			
	and address of previous owner						
11.		SCRIPTION OF WELL AND LEASE.  Well No. Pool Name, Including Formation Kind of Lease No.					
	Grambling A	8 So. Blanco Pic	1	State (Federal of	Fee NM 013861		
	Location	North	1090	Feet From The	West		
	Unit Letter D; 840		- dild	_reetrom the			
	Line of Section 28 Tow	nship 28N Range 8	W , NMPM,		San Juan County		
IH.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S	which approved	copy of this form is to be sent)		
	Name of Authorized Transporter of Cil		·				
	El Paso Natural Gas C Name of Authorized Transporter of Cas	PO Box 990, Farmington, NM  Address (Give address to which approved copy of this form is to be sent)  PO Box 990, Farmington, NM					
	El Paso Natural Gas Company				gton, IVIVI		
	If well produces oil or liquids, give location of tanks.	D 28 28N 8W		<u> </u>			
	If this production is commingled wit		give commingling order				
IV.	Designate Type of Completio	_ (Y) '	New Well Workover	Deepen P	Plug Back   Same Resty. Diff. Resty.		
-	Date Spudded	Date Compl. Ready to Prod.	X Total Depth	- <del></del>	P.B.T.D.		
	10-9-72	4-27-73	2275'		2264'		
		Name of Producing Formation Pictured Cliffs	Top OX/Gas Pay 2138'		tubingless		
	5760'GL Perforations	Pictured Citis	Depth Co		Depth Casing Shoe		
	2140-48', 2158-70', 2	182-2206'	2275'				
	HOLE SIZE	CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET		SACKS CEMENT		
	12 1/4"	8 5/8"	235'		189 cu. ft.		
	6 3/4"	2 7/8"	2275'		350 cu. ft.		
		tubingless					
V.	TEST DATA AND REQUEST FO	ST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top at able for this depth or be for full 24 hours)					
	Oll, WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure	1	Choke size		
			Water - Bbls.		GOR-MOF WAY 4 1973		
	Actual Prod. During Test	Oil-Bbls.	udier - Date:		OH CON. COM.		
					DIST. 3		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	- 10	Gravity of Condensate		
	1205	3 hrs.	Casing Pressure (Shut	-10)	Choke Size		
	Testing Method (pitot, back pr.)  Calc. AOF	Tubing Pressure (shut-in) tubingless	Casing Pressure (Shace	,	3/4"		
VI.	CERTIFICATE OF COMPLIAN	<u> </u>	OIL CONSERVATION COMMISSION				
- = -			MAY 4 1973 . 19				
	I hereby certify that the rules and a Commission have been complied w		Oniginal Signed by A. R. Kandrick				
	above is true and complete to the	e best of my knowledge sid better.					
	h. 1/1	This form is to be filed in compliance with RULE 1104			•		
14/2/00/			This form is to be fried in comprision and drilled or deepened  If this is a request for allowable for a newly drilled or deepened				

170 WO (Signature)

Petroleum Engineer

May 3, 1973

(Title)

(Date)

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 only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

STOP 1 YAM

្រុំ ស្រង្សាធិននេះ ខេត្ត ស្រុក ស្រុក ខែការប្រាស់

The same of the same of