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SANTA FE				
FILE		1		
U.S.G.S.		<u> </u>		
LAND OFFICE		L_	I	
TRANSPORTER	OIL		L	
	GAS	1		
OPERATOR				
PRORATION OFFICE				
Operator				
El Paso Natural Gas Co				
Address				

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65			
	U.S.G.5.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	LAND OFFICE	AUTHORIZATION TO TRA	MASFORT OIL AND MATORAL O				
	TRANSPORTER OIL /						
	GAS /						
_	PRORATION OFFICE						
1.	Operator						
	El Paso Natural Gas Company						
	Address	- NIM 87401					
PO Box 990, Farmington, NM 87401 Other (Please explain)							
	Reasun(s) for filing (Check proper box) New We!1	Change in Transporter of:		·			
	Recompletion	Oil Dry Ga	s 🔲				
	Change in Ownership	Casinghead Gas Conden	sate				
If change of ownership give name							
	and address of previous owner						
**	DESCRIPTION OF WELL AND I	LEASE					
	Lease Name	Well No. Pool Name, including re					
	Sharp	7 Blanco Pictured	d Cliffs Ext. State, Federa)pr ree SF 0/9203			
	Location F. 1460	North	e and 990 Feet From 1	West			
	Unit Letter E 1460	Feet From The North Lin	e and reet rom	ne			
	Line of Section 18 Tow	mship 28N Range	8W , NMPM,	San Juan County			
				·			
III.	DESIGNATION OF TRANSPORT	rer of oil and natural ga	Address (Give address to which approx	ped copy of this form is to be sent)			
	Name of Authorized Transporter of On		PO Box 990. Farmi	ington, NM 87401			
	El Paso Natural Gas Co	singhead Gas or Dry Gas X	Address (Give address to which appro-	ved copy of this form is to be sent)			
	El Paso Natural Gas Co		PO Box 990, Farm				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Who	en			
	give location of tanks.	E 18 28N 8W					
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completic		X	P.B.T.D.			
	Date Spudded	Date Compl. Ready to Prod. 4-23-73	Total Depth 2277	2267'			
	12-18-72 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top &I/Gas Pay	Tubing Depth			
	5782'GL	Pictured Cliffs	2158'	tubingless			
	Perforations			Depth Casing Shoe 2277			
	2158-82' and 2200-24'	CASING AND	D CEMENTING RECORD				
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12 1/4"	8 5/8"	137'	118 cu.ft.			
	7 7/8" & 6 3/4"	2 7/8"	2277'	483 cu. ft.			
		tubingless					
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal able for this depth or be for full 24 hours)							
V.	TEST DATA AND REQUEST F						
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	"" "TRILLIVEN			
		Tubing Pressure	Casing Pressure	Choke Size			
	Length of Test	Tubing Pressure		MAY 2 1072			
	Actual Prod. During Test	Oil-Bbis.	Water-Bble.	Gas-MCP 2 13/3			
			·	OIL CON. COM.			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate			
	1356	3 hours					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	3/4"			
	Calc. AOF	tubingless	652	ATION COMMISSION			
VI	VI. CERTIFICATE OF COMPLIANCE		1	4072			
		Total of the Oil Consequetion	APPROVED MA	y 2 1973			
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		By Original Signed by Emery C Arnold					
			TITLE SUPERVISOR DIST. #3				
	+H Wood		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 well, this form must be accompanied by a tabulation of the deviation			
	(Sign	natūe)	well, this form must be accompanied by a tests taken on the well in accordance with NULE 111.				

Petroleum Engineer

(Title) April 30, 1973

(Date)

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.