DISTRIBUTI	ON		5	
SANTA FE	,	~		
FILE		/	L-	
U.S.G.S.				AUT
LAND OFFICE				
IRANSPORTER	OIL	1		
IHANSPURIER	GAS /			
OPERATOR		1		
PRORATION OF	FICE	Ĭ		
Operator				
El Pas	o Nati	ura:	l Ga	as Compa
Address				
Box 99	O F	arm	ingt	ton, Ne
Reason(s) for filing	(Check s	rope	box)	
New Well				Chanc
Recompletion			011	
Change in Ownershi	12			Casin

SANTA FE /		FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65		
FILE / L	 	AND			
U.S.G.S.	_ AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS		
LAND OFFICE		•			
TRANSPORTER GAS /					
OPERATOR (
PROBATION OFFICE	-				
Operator	a - Course Di				
El Paso Natural	Gas Company		•		
	gton, New Mexico 87401				
Reason(s) for filing (Check proper bo		Other (Please explain)			
New Well X	Change in Transporter of: Oil Dry G	as \square	•		
Recompletion Change in Ownership	Casinghead Gas Conde				
If change of ownership give name					
and address of previous owner					
DESCRIPTION OF WELL AND	Vell No. Pool Name, Including F	Formation Kind of Lea	se Lease No.		
Huerfano Unit Com	118 Basin Dal	1	01		
Location			1		
Unit Letter J : 165	O Feet From The South Li	ne and 1650 Feet From	The East		
22	O First		Juan County		
Line of Section 30	cwnship Z(N Range .	, 11012 01, 2011	o com,		
DESIGNATION OF TRANSPO	or Condensate	AS Address (Give address to which appr	ound come of this form is to be sent)		
Name of Authorized Transporter of C		1			
El Paso Natural Name of Authorized Transporter of S	gas Company	Address (Give address to which appr	n, New Mexico 87401 oved copy of this form is to be sent)		
El Paso Natural		Box 990, Farmington			
	Unit Sec. Twp. P.ge.		hen		
If well produces oil or liquids, give location of tanks.	J 30 27N 10W				
If this production is commingled v	with that from any other lease or pool,	give commingling order number:			
COMPLETION DATA	Oii Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v		
Designate Type of Complet		xxx			
Date Spudded 11-2-73	Date Compl. Ready to Prod. 1-23-74	Total Depth 6344 1	P.B.T.D. 6326'		
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth		
5981' GL	Dakota	6124	6314' Depth Casing Shoe		
Perforations 6724', 6750', 62	10', 6262',6264', 6310'		6344 '		
, 3271 , 3271 , 32		D CEMENTING RECORD			
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
12 1/4"	8 5/8"	2071	189 cu.ft.		
. 7 7/8"	4 1/2"	6344 '	1104cu.ft.		
	2 3/8	6314'	tubing		
		<u> </u>	il and must be equal to or exceed top allo		
TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be able for this d	lepth or be for full 24 hours)			
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump. gas	With Many		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
			Gas - MCF		
Actual Prod. During Test	Cil-Bbis.	Water-Bbis.	ON.		
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/XXXF 3 hour	S Gravity of Condensate		
1176	3 hours Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
Testing Method (pitot, back pr.) Calc. AOF	972	1892	3/4"		
CERTIFICATE OF COMPLIA	NCE		ATION COMMISSION		
		APPROVED FEB 6.	1974		
I hereby certify that the rules an	d regulations of the Oil Conservation	APPROVED Sigme	d by Emery C. Arnold		
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					
		TITLE SUPERVISOR DI	DT. #3		
, ,		ii .	compliance with RULE 1104.		
it I face	·	Te able to a sequent for all	awable for a newly drilled or deepend		
181 1. J. J. J. J. C. C.	enature)		canied by a tabulation of the deviation		
Drilling Cle	-	tests taken on the well in acc	nust be filled out completely for allow		
(Title)	able on new and recompleted	wells.		
1-30-74	•	min and Sections 1	it itt and VI for changes of owne		
	Date)	well name or number, or transpo	orter, or other such change of conditional to filed for each pool in multip		
and the second second second second		Separate Forms C-104 mu	in the initial tool cashing poor in manage		