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NO. OF COPIES RECEIVED (, DISTRIBUTION SANTA FE /		CONSERVATION COMMISSION FOR ALLOWABLE	Form 3-104 Supersedes Old C-104 and C-11 Effective 1-1-65
U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATUR	AL GAS
OPERATOR GAS PRORATION OFFICE			
Kl Paso Natural G	es Company		
Box 990, Farmingt	on, New Mexico	Other (Please explain	
New Well Recompletion (though in a whership	Change in Transporter of: Cil Dry G Casinghead Gas Conde		Repair - See back for detail
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND L	Well No. Pool No	ame, Including Formation	Kind of Lease
Location.		Blanco Pictured Cl	Vest.
	1 000 1 1011 (110	ne una, sst	From The County
Line of Section 33 , Town	nship 28N Range	SM , NMPM,	San Juan County
Name of Authorized Transporter of Casi	nghead Gas or Dry Gas Unit Sec. Twp. Rge.	Address (Give address to which is gas actually connected?	approved copy of this form is to be sent) When
tive location of tanks. If this production is commingled with	a that from any other lease or nool	give commingling order number	er:
COMPLETION DATA	Gil Well Gas Well	New Well Workover Deep	
Designate Type of Completion		Total Depth	F.B.T.D.
Late Sprided	Date Compl. Ready to Prod.		
[c.cd	Name of Freducing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	1		Depth Casing Shoe
HOLE SIZE	TUBING, CASING, AI CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be able for this	depth or be for full 24 hours)	oad oil and must be equal to or exceed top allo
OIL WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump	, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Arts: e IV Lu
Actual Frod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF 28 1965 JUN 28 CCM.
			JUN 28 GOM. OIL CON. COM.
GAS WELL Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1237	3 Hours		
Testing Method (pitot, back pr.)	Tubing Pressure 552	Casing Pressure	Choke Size
cal. A.O.F. CERTIFICATE OF COMPLIAN	<u> </u>		SERVATION COMMISSION
		IIIN 2.8	
I hereby certify that the rules and Commission have been complied	with and that the information give		od Emary C Arnold
above is true and complete to the	e best of my knowledge and belie	f. By Original Sign	ed Emery C. Arnold

OR G NAL SIGNED E.S. OBERLY

(Signature)

(Title)

= (Date)

Petroleum Engineer

6-24-65

TITLE Supervisor Dist. #

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.

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

Separate Forms C-104 must be filed for each pool in multiply completed wells.

Higged up S. S. Resmes rig #12, pulled Pictured Cliffs tubing, Mess Verde tubing and Baker Model "EGJ" packer.

Re-ran 173 joints 2 3/8", 4.7#, tubing (5474.14!) set at 5485.84!.

Perfs at 5454.36!, solid bull plug on anchor joint. Set Baker Model N-1 packer at 3273!. Set 10,000# on packer. Changed out and ran 101 joints I 1/4", 2.4#, J-55 tubing (3179!) set at 3191.21!. Class IOI joints I 1/4", 2.4#, J-55 tubing (3179!) set at 3191.21!. Class "B". Perf. and SM @ 3161.26!. Solid bull plug below anchor joint.

2**-**5#-62

8-23-65