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IBUTION	NEW MEXICO OIL CO
	REQUEST F
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	AUTHORIZATION TO TRAN
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PORTER	
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El Paso Natural	Gas Company
SE	
	gton, New Mexico
on(s) for filing (Check proper box)	Change in Transporter of:
Well	Oil Dry Gas
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Main Letter A ; 990  Mine of Section 31. , Townstee of Juthorized Transporter of Oil  El Paso Natural  Me of Juthorized Transporter of Case  Southern Union  Tell preduces oil or liquids,  Townsteel preduces oil	Feet From The North Line with 28N Range 10  FER OF OIL AND NATURAL GA or Condensate X  Gas Company  Singhead Gas or Dry Gas X  Gas Company  Unit Sec. Twp. Rge. A 31 28N 10W  the that from any other lease or pool,  Oil Well Gas Well  Date Compl. Ready to Prod.
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(Date)

<u>=</u>	IBUTION /	REQUEST FO	ISERVATION COMMISSION OR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
 F F	FICE OIL /		SPORT OIL AND NATURAL G	AS	
4T O	RTER GAS				
ATIC	El Paso Natural	Ges Company			
ōr ·					
onis) fo	Box 990, Farmin or filing (Check proper box)	gton, New Mexico	Other (Please explain)		
r Well		Change in Transporter of:	News Changed Pro	m R. H. Martin #1	
rom; letic om je in O	r. wnership	Oil Dry Gas  Casinghead Gas Condense		III IV. II. PARI OLII // L	
change of	ownership give name of previous owner				
DESCRIPT	rion of WELL AND I	.EASE Well No. Pool Name	e, Including Formation	Kind of Lease	
:	Martin	5 Fulch	her Kutz P. C.	State, Federal or Fee	
Location	. A . 990	Feet From The <b>North</b> Line	and 990 Feet From	The <u>Fast</u>	
Unit Lett		20nt 5 10t	y , NMPM, S	an Juan County	
Line of S	Section 31. , Tow	nship <b>ZON</b> Hange <b>LU</b>	N ,		
DESIGNATION OF A	TION OF TRANSPORT	TER OF OIL AND NATURAL GAS	ilidal coo ( o tre a a a		
	El Paso Natural	inghead Gas cr Dry GasX	Box 990, Farmington, New Mexico  Address (Give address to which approved copy of this form is to be sent)		
Name of Au	Southern Union	Gas Company	Box 385, Bloomfiela, N	lew Mexico	
If well prod	luces oil or liquids,	Unit Sec. Twp. Rge.  A 31 28N 10W	Is gas actually connected? What Yes	en	
	on of tanks.	h that from any other lease or pool, g			
. COMPLE	TION DATA	Oil Well Gas Well	New Well Workover Deeper.	Plug Back   Same Res'v. Diff. Res'v.	
Design	nate Type of Completic		To all Double	P.B.T.D.	
Date Sprid i	led	Date Compl. Ready to Prod.	Total Depth	r.b.1.b.	
I-col		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforation	าร			Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
				CHARL.	
				CCHIVED \	
TEST DA	ATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oi	and the be equal to seem exceed top allow	
OIL WEL		able for this de	pth or be for full 24 hours)  Producing Method (Flow, pump, gas	ift, etc10	
, ite i irst	t New OH Mar To Tanks			ON SECON. 3	
Length of	Test	Tubing Pressure	Casing Pressure	Or DIS.	
Actual Pro	ed. During Test	Cil-Bbls.	Water-Bbls.	Gas-Mor	
GAS WE		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
A stual Pr	rod. Test-MCF/D	Length of Test			
Testing N	Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
L CERTIF	TICATE OF COMPLIAN	NCE	OIL CONSER\	ATION COMMISSION	
I hereby	certify that the rules and	regulations of the Oil Conservation with and that the information given	APPROVED NOV 12 1965	Emery C. Arnold	
Commissi above is	true and complete to t	ne best of my knowledge and belief.	TITLE - upervisor Dist. #		
	_	LOWER E O ARERIV	This form is to be filed in compliance with RULE 1104.		
	OR G NAL S	IGNED E.S.OBERLY	If this is a request for allowable for a newly drilled or deepend 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 to the section of the section.		
	Petroleum Engi	nature) neer			
		Title)	able on new and recompleted	able on new and recompleted wells.	
	November 10, 1	.905	Fill out Sections I, II, III, and VI only for changes of owner		

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.