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## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

Designate Type of Completion - (X)  Date Spudded  7-13-71  Elevations (DF, RKB, RT, GR, etc.)  Date Compl. Ready to Prod.  8-11-71  Benefit of Producing Formation  Top CKK Gas Pay  Tubing Depth  Tubing Depth	Lease No. NM 03541  County	
LAND OFFICE	County	
I PARSONTER OIL / GAS / /  OPERATOR 2   PRORATION OFFICE    Coperator E1 Pase Natural Gas Company  Address  Box 990, Parmington, New Mexico 87401  Resson(s) for filing (Check proper box) New Well   Change in Transporter of: Oil   Dity Gas   Condensate    If change of ownership give name and address of previous owner    II Change of ownership give name and address of previous owner    II DESCRIPTION OF WELL AND LEASE    Lease Name   Well No.   Pool Name, Including Formation    Lease Name   Lease Name   Well No.   Pool Name, Including Formation    Unit Letter   I : 1830   Feet From The   South    Line of Section 29   Township   28-N   Range   9-W   NMPM,   San Juan    III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Nome of Authorized Transporter of Oil   or Condensate   San   Sad   Sad	County	
OPERATOR	County	
PRORATION OFFICE   Company   Address   Box 990, Farmington, New Mexico 87401   Reconcis) for filing (Check proper box)   New We!!   Change in Transporter of:   Change in Ownership   Casindhead Gas   Condensate   Co	County	
Comparison   Company   C	County	
E1 Pase Natural Gas Company  Address  Box 990, Farmington, New Mexico 87401  Reston(s) for filing (Check proper box) New We!!	County	
Reson(s) for filing (Check proper box) New Well Recompletion Change in Ownership Change of ownership give name and address of previous owner  II Change of ownership give name and address of previous owner  III. DESCRIPTION OF WELL AND LEASE Lease Name Hancock 10 Aztec Pictured Cliffs State, Fadergl or Fee  Location Unit Letter I : 1830 Feet From The South Line and 830 Feet From The East Line of Section 29 Township 28-N Range 9-W , NMFM, San Juan  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate M. Name of Authorized Transporter of Oil or Condensate M. Responsible of Casinghead Gas or Dry Gas Response of Authorized Transporter of Casinghead Gas or Dry Gas Response or Dry Gas Respons	County	
Recson(s) for filing (Check proper box)   New We!	County	
Recompletion   Castinghead Gas   Condensate	County	
Change of ownership   Casinghead Gas   Condensate   Condensate	County	
If change of ownership give name and address of previous owner  II. DESCRIPTION OF WELL AND LEASE  Lease Name  Hancock  10  Aztec Pictured Cliffs  State, Federal or Fee  Hancock  Location  Unit Letter I : 1830 Feet From The South Line and 830 Feet From The East  Line of Section 29 Township 28-N Range 9-W , NMPM, San Juan  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate M.  Range of Authorized Transporter of Casinghead Gas or Dry Gas Case Address (Give address to which approved copy of this form in the second of transporter of Casinghead Gas or Dry Gas Case Address (Give address to which approved copy of this form in the second of transporter of Casinghead Gas or Dry Gas Case Address (Give address to which approved copy of this form in the second of transporter of Casinghead Gas or Dry Gas Case Address (Give address to which approved copy of this form in the second of transporter of Casinghead Gas or Dry Gas Case Address (Give address to which approved copy of this form in the second of transporter of Casinghead Gas or Dry Gas Case Address (Give address to which approved copy of this form in the second of transporter of Casinghead Gas or Dry Gas Case Address (Give address to which approved copy of this form in the second of transporter of Casinghead Gas or Dry Gas Gas which approved copy of this form in the second of transporter of Casinghead Gas or Dry Gas Gas well when the second of transporter of Casinghead Gas or Dry Gas Gas well when the second of transporter of Casinghead Gas which the second of transporter of Casinghead Gas or Dry Gas Gas well when the second of transporter of Casinghead Gas or Dry Gas Gas well when the second of transporter of Casinghead Gas or Dry Gas Gas well when the second of transporter of Casinghead Gas or Dry Gas Ga	County	
II. DESCRIPTION OF WELL AND LEASE   Lease Name   Well No.   Pool Name, Including Formation   Kind of Lease   State, Federal or Fee   Hancock   10   Aztec Pictured Cliffs   State, Federal or Fee   Location   Unit Letter   I   1830   Feet From The   South   Line and   830   Feet From The   East	County	
Hancock  Location  Unit Letter I : 1830   Feet From The South   Line and   830   Feet From The East    Line of Section 29   Township 28=N   Range 9=W   NMPM,   San Juan    III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil   or Condensate   San Hancock   Condensate   San Hancock   Condensate   San Hancock   Address (Give address to which approved copy of this form in the social production of Authorized Transporter of Casinghead Gas   or Dry Gas   Address (Give address to which approved copy of this form in the social produces oil or liquids, give location of tanks.   I   29   28N   9W    If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA   Date Compl. Ready to Prod.   Total Depth   P.B.T.D.    Date Spudded   Date Compl. Ready to Prod.   Total Depth   P.B.T.D.    7-13-71   8-11-71   2618   Total Depth   P.B.T.D.    Elevations (DF, RKB, RT, GR, etc.)   Name of Producing Formation   Top CMXGas Pay   Tubing Depth	County	
Location  Unit Letter I : 1830 Feet From The South Line and 830 Feet From The East  Line of Section 29 Township 28-N Range 9-W , NMPM, San Juan  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate M Range 9-W , NMPM, San Juan  Box 990, Farmington, New Mexico  Range 9-W , NMPM, San Juan  Range 9-W , Range dates to which approved copy of		
Line of Section 29 Township 28-N Range 9-W , NMPM, San Juan  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil		
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Name of Authorized Transporter of Oil		
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Name of Authorized Transporter of Oil	s to be sent)	
R1 Paso Natural Gas Company Name of Authorized Transporter of Casinghead Gas or Dry Gas R  E1 Paso Natural Gas Company Name of Authorized Transporter of Casinghead Gas or Dry Gas R  E1 Paso Natural Gas Company  If well produces oil or liquids, give location of tanks.  I 29 28N 9W  If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  7-13-71  Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Pass Give address to which approved copy of this form is Box 990, Farmington, New Mexico  Address (Give address to which approved copy of this form is Box 990, Farmington, New Mexico  Box 990, F	s to be sent)	
Radies (Give address to which approved copy of this form is some of Authorized Transporter of Casinghead Gas or Dry Gas Radiess (Give address to which approved copy of this form is company)  Rel Paso Natural Gas Company  If well produces oil or liquids, give location of tanks.  If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  7-13-71  Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Pass Give address to which approved copy of this form is Box 990, Farmington, New Mexico  Radiess (Give address to which approved copy of this form is Box 990, Farmington, New Mexico  Box 990, Farm	s to be sent/	
Name of Authorized Transporter of Casinghead Gas or Dry Gas Record Address (Give address to which approved copy of this form in the Record Rec		
El Paso Natural Gas Company  If well produces oil or liquids, give location of tanks.  I 29 28N 9W  If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA  Designate Type of Completion - (X)  Date Spudded  Total Depth  P.B.T.D.  P.B.T.D.  P.B.T.D.  P.B.T.D.  2618'  2607  Tubing Depth  Tubing Depth  Tubing Depth  Tubing Depth	s to be sent)	
If well produces oil or liquids, qive location of tanks.  If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  Total Depth  P.B.T.D.  P.B.T.D.  P.B.T.D.  P.B.T.D.  2618  P.B.T.D.  P.B.T.D.  P.B.T.D.  P.B.T.D.  Total Depth  P.B.T.D.  Total Depth  Tubing Depth  Tubing Depth		
If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA  Designate Type of Completion - (X)  Date Spudded  7-13-71  Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  PW  A give commingling order number:  Plug Back Same F  A gas Well New Well Workover Deepen Plug Back Same F  Total Depth  P.B.T.D.  2618  Total Depth  Tubing Depth		
Designate Type of Completion - (X)  Date Spudded  7-13-71  Elevations (DF, RKB, RT, GR, etc.)  Date Completion - (X)  Date Gas Well   New Well   Workover   Deepen   Plug Back   Same F   Same F		
Designate Type of Completion - (X)  Date Spudded  7-13-71  Elevations (DF, RKB, RT, GR, etc.)  Oil Well Gas Well New Well Workover Deepen Plug Back Same F  X  X  Total Depth  P.B.T.D.  2618  Top XXGas Pay  Tubing Depth  Tubing Depth		
Designate Type of Completion - (X)  Date Spudded  7-13-71  Elevations (DF, RKB, RT, GR, etc.)  Date Compl. Ready to Prod.  8-11-71  Name of Producing Formation  X  X  Total Depth  2618  2607  Tubing Depth  Tubing Depth	Restv. Diff. Restv	
Date Spudded  7-13-71  Elevations (DF, RKB, RT, GR, etc.)  Date Compl. Ready to Prod.  8-11-71  Top CMCGas Pay  Total Depth  P.B.T.D.  2607  Tubing Depth	<u> </u>	
Tubing Depth  Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation  Top CM Gas Pay  Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Foundation		
	ompletion	
6366' GL Pictured Cliffs 2516 Tubingless C.  Perforations  Depth Casing Shoe		
2516- <b>X</b> X 2528, 2538-2550 2618		
TUBING, CASING, AND CEMENTING RECORD		
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS C	EMENT	
12 1/4 0 7/0" 26101 210		
6 3/4" 2 7/8" 2010 210		
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to able for this depth or be for full 24 hours)	or exceed top allo	
OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)	are:	
Length of Test Tubing Pressure Casing Pressure Choke Size		
Water-Bbis. Gas-MCF	0.0.4.1071	
Actual Prod. During Test Oil-Bbls.	G24 1971	
OII.	CON. CC	
CAS WELL	DIST. 3	
	910	
2045 MCF/D 3 hrs.  Testing Method (pitot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size		
Testing Method (pitot, back pr.)  Calculated A.O.F.  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  666	3/4"	
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISS	ION	
SEP 2 1 19/		
	n APPROVED	
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. Art	45	
above is true and complete to the best of my knowledge and belief.  SUPERVISOR DIST.	#3 	
mile form to to be filed in compliance with R	ULE 1104.	
Arriginal Signed F. H. W.UUV		
(Signature) well, this form must be accompanied by a tabulatic	irilied or deepen	
' II there taken un lus mait III schnighter mitt un se	irilied or deepen on of the deviati	
Perrolaim Engineer All sections of this form must be filled out con	irilied or deepen on of the deviati 111.	
Petroleum Engineer  (Title)  All sections of this form must be filled out con able on new and recompleted wells.	irilied or deepen on of the deviati 111. mpletely for allo	
Dervolum Engineer All sections of this form must be filled out con	irilied or deepen on of the deviati 111. mpletely for allo changes of own- hange of condition	