NO. OF COPIES RECEIVED		6	
DISTRIBUTION			
SANTA FE		1	
FILE		1	1
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		2	
PRORATION OFFICE			

VI.

	DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104					
	SANTA FE /	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-11		
	FILE / L			Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TR	RANSPORT OIL AND NATURAL (GAS		
	LAND OFFICE					
	TRANSPORTER OIL /					
	GAS /					
_	OPERATOR 2					
I.	PRORATION OFFICE Operator					
	El Paso Natural Gas C	Company				
	Box 990 Farmington Reason(s) for filing (Check proper bo	New Mexico	Other (Please explain)			
	New Well	Change in Transporter of:				
	Recompletion X	OII Dry C	= 1000 000	rkover Details		
	Change in Ownership	Casinghead Gas Cond	ensate			
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND	D LEASE Well No. Pool Name, Including	Formation Kind of Leas	e Leas• No.		
	Hughes	6 Blanco Mesa	Vanda State, Federa			
	Location	TO DISECTIVE BO	Verue A	ar 0/0040		
	Unit Letter G ; 16	550 Feet From The North L	ine and 1725 Feet From	The East		
	(mit Letter G , 20	reet from the total L	nie dad r eet r fom	1 ne		
	Line of Section 21 To	Cownship 29N Range	84 , NMPM, Sa	n han County		
III.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G	AS			
	Name of Authorized Transporter of O	or Condensate X	Address (Give address to which appro	ved copy of this form is to be sent)		
	El Paso Natural Gas C		Box 990, Farmington,			
	Name of Authorized Transporter of C		Address (Give address to which appro-			
	El Paso Natural Gas C		Box 990, Farmington,			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. G 21 29N 8W	Is gas actually connected? Who	en		
	If this production is commingled w	with that from any other lease or pool	, give commingling order number:			
	Designate Type of Complet	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
			X	X		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	W/O 1-3-67 Elevations (DF, RKB, RT, GR, etc.)	1-19-67 Name of Producing Formation	Topxx/Gas Pay	Tubing Depth		
	6462 GL		4738'			
	Perforations 1/728-1/6 1/776	Mesa Verde	4/30	5426' Depth Casing Shoe		
Perforations 4738-46, 4776-84, 4848-52 5338-48, 5359-64, 5383-88, 5414-19, 5435-40				55001		
) <u></u>		D CEMENTING RECORD	7,700		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	13 3/8"	9 5/8"	173'	150 Sks.		
	8 3/4"	7"	4680' 999	300 Sks		
	6 1/4"	4 1/2"	55001	130 Sks.		
		2 3/8"	54261	Tubing		
\mathbf{v} .		FOR ALLOWABLE (Test must be a	after recovery of total volume of load oil (lepth or be for full 24 hours)	and must be equal to or exceed top allow-		
ĺ	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	ft, etc.)		
		/ RILTIVEN				
	Length of Test	Tubing Pressure LULI LU	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bhis. 1967	Water - Bbls.	Gas-MCF		
		OIL CON COM	! !/			
	GAS WELL	V DIST. 3				
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	7174	3 Hours				
Ì	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Calculated A.O.F.	895	892	3/14"		
VI.	CERTIFICATE OF COMPLIAN	NCE	OIL CONSERVA	TION COMMISSION		
		Language of the Oil On the Oil	APPROVED FEB 1	4792 		
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.		Original Signed by Linery C. Arnold				
	Original signed by Carl E. L. Lews		TITLE SUPERVISOR DIST. #3			
			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened			
-	(Sign	nature)	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.			
	Petroleum Engineer					
-	(T	(itle)				
	January 27, 1967	·	Fill out only Sections I. II.	III, and VI for changes of owner,		
	(D	Date)	well name or number, or transporte	er, or other such change of condition.		

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.

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