- <b> </b>	DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION									
	U.S.G.S. LAND OFFICE  TRANSPORTER OIL / GAS / OPERATOR /	,	:								
	PRODATION OFFICE  Discretion  El Paso NaturalGas C	ompany				· 					
-	Andress  PO Par 900 Farmington NM 87401										
	Reason(s) for filing (Check proper box)  New Well  Recompletion  Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens	777	e explain)							
I	f change of ownership give name and address of previous owner										
11. j	DESCRIPTION OF WELL AND L	EASE   Well No.   Pool Name, Including Fo	rmation I Cliffs	Kind of Lease State,(Federal )r Fe	se SF	078049					
	Hughes A	1180 <sub>Feet From The</sub> North Line		Feet From The	East						
	Unit Letter	nship 29N Range	8W , NMF	2М,	San Ju	Jan County					
	DESIGNATION OF TRANSPORT		s	s to which approved co	ony of this form is	to be sent)					
111.	Name of Authorized Transporter of Off			OO Fammingto	n NM						
El Paso Natural Gas Company  El Paso Natural Gas Company  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this PO Box 990, Farmington, Ni						to be sent)					
	El Paso Natural Gas	Company	Is gas actually conne	cted? When	JII, 14141						
	If well produces oil or liquids, give location of tanks.	A 27 29N 8W									
**,	give location of tenks.  If this production is commingled wit  COMPLETION DATA		give commingling or	er Deepen Pla	ag Back   Same Re	s'v. Dill. Res'					
1 V .	Designate Type of Completic	$o_n = (X)$	X Total Depth	P.	B.T.D.						
	Date Spudded 11-30-72	Date Compl. Ready to Prod. 5-11-73	3501	Ty	3491 abing Depth						
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Pictured Cliffs	Top OX/Gas Pay 3306'	•	tubir	gless					
	6745'GL			De	opth Casing Shoo 3501						
	3306-28', 3354-66'		. ACNIT								
	HOLE SIZE	TUBING, CASING, AN	DEPT	SET	SACKS C	cu.ft.					
	12 1/4"	8 5/8"	175'			cu.ft					
	7 7/8" & 6 3/4"	2 7/8" tubingless	3501'								
				<u> </u>	CPEIL	seed top all					
٠.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and many bears of the depth or be for full 24 hours)  able for this depth or be for full 24 hours)										
¥	OIL WELL	Date of Test	Producing Method (	Flow, pump, gas life, e	itc.)	}					
	Date First New Cil Hun To Tanks	24.5 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7 0.7			MAY 2 4 19	73					
	Length of Test	Tubing Pressure	Casing Pressure	1	DIL CON. CO	м. /					
	Actual Proa. During Test	Oil-Bhis.	Water-Bbls.		DIST. 3						
		<u> </u>									
	GAS WELL	Length of Test	Bbls. Condensate/	MMCF	Gravity of Condens	at•					
	Actual Fied, Test-MCF/D 1370	3 hours			Choke Size						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (	Puge-10 )	3/4	.11					
	Calc. AOF	tubingless		IL CONSERVAT							

## VI. CERTIFICATE OF COMPLIANCE

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.

bove is	trus sud	complete to t	he best	of my	Kuomienke	and better
//	1	7/1	. 1			
		(5)	ensture)			
]	Drilling	Clerk				
			Tilel			

May 24, 1973

TITLE\_

MAY 24 1973 APPROVED\_ Original Signed by Emery C. Arnold

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 deepene 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 allow able on new and recompleted wells.

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