	And the second s	-1			/	
	DISTRIBUTION SANTA FC	ANTA FE REQUES			Form C-194 Supersedes Old C-10s and C- Effective 1-1-65	
	U.S.G.S. LAND OFFICE TRANSPORTER OIL OPERATOR OPE					
I.	EL PASO NATURAL GAS CO.					
	BOX 990, FARMINGTON, NEW MEXICO					
	Reason(s) for filing (Check proper box New We!! Recompletion Change in Ownership	Change in Transporter of:	Gas Other (Pleas	e explain)		
	If change of ownership give name and address of previous owner			· · · · · · · · · · · · · · · · · · ·		
11.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including		Kind of Lease	Lease No.	
	HUGHES Location Unit Later 0 800	3A (FC) BLANCO F		State, Federal	<u> </u>	
	Unit Letter 0 : 800 Feet From The South Line and 1700 Feet From The <u>Fast</u> Line of Section 20 Township 29N Range 8W , NMPM, San Juan County					
Ш.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil					
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X EL PASO NATURAL GAS CO.		Address (Give address	BOX 990, FARMINGTON, NEW MEXICO Address (Give address to which approved copy of this form is to be sent) BOX 990, FARMINGTON, NEW MEXICO		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. Is gas actually connected? When O 20 29N 8W				
	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Con Well Gas Well New Well Workcyer Deepen Plug Back Same Besty, Diff. Besty					
	Designate Type of Completic	on - (X)	X	Deepen	Plug Back Same Resty. Diff, Rest	
	Date Spudded 4/9/78	Date Compl. Ready to Prod. 8/23/78	Total Depth 5762'		P.B.T.D. 5743'	
	Elevations (DF, RKB, RT, GR, etc.) 6438 GL	Name of Producing Formation PC	Top 6/1 1/Gas Pay		Tubing Depth 3053!	
	Perforations 3020-3026,3030-3048,3054-3064 with 16 SPZ.				Depth Casing Shoo	
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	225'	ET	SACKS CEMENT	
	13 3/4'' 8 3/4''	9.5/8''	3339'		224 cf. 337 cf.	
	6 1/4"	4 1/2" liner 1 1/4"	5762'		438 cf	
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)					
i	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flou	v, pump, gas lift	, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
	Actual Pred. During Test	Oil-Stis.	Water - Bbls.		Gas-MCF	
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate	
	1303 Testing Method (pitot, back pr.)	3 hours Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)		Choke Size	
	Calc. A.O.F.	955	955		3/1**	
VI.	CERTIFICATE OF COMPLIANC	OIL	OIL CONSERVATION COMMISSION			

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.

(Title)

(Duta)

116200 (Signature)

Drilling Clerk

9/15/78

E Par TITLE _

By Original Signed by A. R. Kundrick

APPROVED.

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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