NO. OF COPIES RECEIVED		6	
DISTRIBUTION			
SANTA FE			
FILE		ĹĹ	
U.S.G.S.		i	
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1	
OPERATOR		2	1
PROBATION OFFICE			

NO. OF COPIES RECEIVED	1		
DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSIC	N Form C-104
SANTA FE	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110
FILE	\(\text{L40201}\)	AND	
 			
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATI	JRAL GAS
LAND OFFICE			
OIL /			
TRANSPORTER GAS /			
	-		
OPERATOR	4		
PRORATION OFFICE			
Operator	_		1 May 1
El Paso Natural Gas C	cmpany		= 0.9196/
Address			SEPMARO
P. O. Box 990, Farmin	ngton. New Mexico		OIL CON. COM.
		Other (Please expl	101-05-3
Reason(s) for filing (Check proper box		Omer (Flease expl	ain) DIST. 3
New Well	Change in Transporter of:	_	
Recompletion	Oil Dry G	as 🔲	
Change in Ownership	Casinghead Gas Conde	ensate	
Change in Ownership			
If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND Lease Name	LEASE Well No. Pool Name, Including	Formation Kind	l of Lease Lease No.
Grambling	3 Blanco Me		e, <u>Federal</u> or Fee NM 03999
Location	Canth	1650	West
N 990) South Feet From TheLi	1650 Fe	eet From The
Unit Letter;			
22	washin 29-N Range	9 -₩ , NMPM,	San Juan County
Line of Section To	wnship Range	7	
		• •	
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL G	AS	ich approved copy of this form is to be sent)
Name of Authorized Transporter of Oil		I .	
El Paso Natural Gas Con	npany	P. 0. Box 990, I	armington, New Mexico
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to wh	ich approved copy of this form is to be sent)
El Paso Natural Gas Con		P. O. Box 990. I	farmington, New Mexico
ET LESO MECHTET GES CON		Is gas actually connected?	When
If well produces oil or liquids,	Unit Sec. Twp. Rge.		When
give location of tanks.	N 22 29-N 9-W		
	tot at at 6 and a share league or good	give commingling order nur	her:
	ith that from any other lease or pool	, give committeding order num	
. COMPLETION DATA	Oil Well Gas Well	New Well Workover D	eepen Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completic		x	X
Besignate Type of Company	1 1		P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	4608
w/o 8-31-67	w/o 9-13-67		4000
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top On/Gas Pay	Tubing Depth
5648' GL	Mesa Verde	3814	4531
		1	Depth Casing Shoe
Perforations	har likely on liken of hore	00 JE60 7h	4641
3814-22,3846-54,4393-44	401,4424-32,4452-56,4512	-20,4702-14	4047
	TUBING, CASING, A)	ND CEMENTING RECORD	
1101 E 617E	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	2981	120
0 - 0	 	3725	350
8 3/4"			120
6 1/4"	4 1/2"	4641'	
	2 3/8"	4531	tubing
		ofter renovery of total volume of	f load oil and must be equal to or exceed top allow
. TEST DATA AND REQUEST F	OR ALLUWADLE (1 est must be able for this.	depth or be for full 24 hours)	, -
OIL WELL		Producing Method (Flow, pu	mp, gas lift, etc.)
Date First New Oil Run To Tanks	Date of Test		
			101-1-01
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Oil-Bbls.	Water - Bbls.	Gas-MCF
Actual Prod. During Test	O11 - D014.		
CAS WELL			
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	3 hrs.		·
4788 MCF/D			Chaha Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in	Choke Size
Calculated A.O.F.	780	784	3/4"
, , , , , , , , , , , , , , , , , , , ,			
1. CERTIFICATE OF COMPLIAN		211 221	ICEDVATION COMMISSION
			NSERVATION COMMISSION
			SEP 2 2 1967
t barrets and for that the cules and	NCE	APPROVED	SEP 22 1967
I hereby certify that the rules and	NCE I regulations of the Oil Conservation with and that the information give	APPROVED	SEP 22 1967
I hereby certify that the rules and	NCE	APPROVED	SEP 2 2 1967

Original signed by Carl E. Matthews

Curr L. Manney				
(Signature)				
Petroleum Engineer				
	(Title)			
September 20, 1967				

TITLE SUPERVISOR DIST, #

This form is to be filed in compliance with RULE 1104.

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.

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.

8-31-67 Pulled bubing, set cement retainer \$ 3620', pressured up on 7" casing to 1000#, 0.k. Squeezed open hole w/325 sks. cement.

9-1-67 Pulling sidetrack hole from 3736', 1° @ 3736', \$\psi\$ @ 3951'.

9-2-67 Brilling w/gas, \$\psi\$ 1/2° @ 3601', 5° @ \text{6600}.

9-3-67 Resched T.D. of \text{idel}. \$\text{3001}. \$\text{67} @ \text{3681}. \$\text{5.10}. \$\text{5.001}. \$\text{6.001}.

9-3-67 T.D. \text{idel}. \$\text{301}. \$\text{6.001}. \$\text{6.001}. \$\text{6.000}.

9-3-67 T.D. \text{idel}. \$\text{301}. \$\text{6.001}. \$\text{6.000}. \$\text{6.001}.

9-3-67 P.B.T.D. \text{idel}. \$\text{301}. \$\text{6.000}. \$\text{6.

MOEKONEES