NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA FE Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 L FILE AND u.s.g.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operato El Paso Natural Gas Company Addres Box 990, Farmington, New Mexico Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: New Well Oil Dry Gas Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. ell No. Pool Name, Including Formation State, Fyderal or Fee 0560422 1 Blanco Mesa Verde El Paso Location West 1600 South Line and 1500 Feet From The Feet From The Unit Letter County , NMPM, Sen Juan 94 20 Township 29N Range Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cil or Condensate El Paso Hatural Gas Company
Name of Authorized Transporter of Casinghead Gas Box 990. Farmington. New Mexico or Dry Gas 😿 Farmington, New When El Paso Natural Gas Company Box 990, New Mexico P.ge. Sec. Twp. If well produces oil or liquids, give location of tanks. 20 29N If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. Plug Back Gas Well New Well Workover Deepen Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded 47501 C.O. 45001 9-30-66 9-13-66 evations (DF, RKB, RT, GR, etc.) Top Cal/Gas Pay Name of Producing Formation 4430 38481 5696' GL Mesa Verde Depth Casing Shoe 3848-64, 4314-22, 4398-4406, 4424-40, 4454-62 **3X** 4750' TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 9 5/8" 201 ' 130 Sks 3/4" 23131 225-2 225 Skg 6 1/4" 4 1/2" <u> 2242 - 4750'</u> 265 Sks. 2 3/8 H4301 <u>Tubing</u> (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Water - Bbls. Gas - MC Oil-Bbls. Actual Prod. During Test OCT 1 O 1966 OIL CON, COM **GAS WELL** Bbls. Condensate/MMCF Gravity of Co Actual Prod. Test-MCF/D Length of Test 3 Hours 5323 Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) esting Method (pitot, back pr.)

3/4" 808 807 Calculated A.O.F. OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE OCT 1 0 1966 . 19 APPROVED

TITLE .

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 F. H. WOOD

Petroleum Engineer (Signature)	
October 5, 1966 (Title)	

(Date)

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

Original Signed by A. R. Kendrick

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.

PETROLEUM ENGINEER DIST. NO. 3

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.