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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	L	
	GAS	li	
OPERATOR			
PRORATION OFFICE			
Operator			

	SANTA FE / FILE / U.S.G.S.	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL GAS			Form C-104  Supersedes Old C-104 and C-116  Effective 1-1-65			
1.	LAND OFFICE  IRANSPORTER OIL / GAS / OPERATOR / PRORATION OFFICE							
1.	Cperator El Paso Matural Ges Company  Address  Box 990, Farmington, New Maxico							
	Reason(s) for filing (Check proper bo New Well Recompletion	porter of:	Other (Please explain)  Name Chang Earren Kid					
	Change in Ownership life change of ownership give name	Casinghead Gas	Conde	iisute				ل
П	DESCRIPTION OF WELL AND	1 FASE						_
	Lease Name Sca Juna 30-6	Lease No. W	60 Pool Na	me, Including F Blanco Met		Kind of State, F	Lease e <b>ge</b> ral or Fee	
	Location Unit Letter A;	Feet From The	Lir	ne and	Feet Fr	om The		-
	Line of Section 31 To	ownship 30N	Range	6W	, NMPM,Rio Ar	ribe	County	
III.	DESIGNATION OF TRANSPOR				e address to which ap	proved copy o	f this form is to be sent)	-7
	El Paso Natura Name of Authorized Transporter of Co		**	Lox 990, Farmington, New Mexico Address (Give address to which approved copy of this form is to be sent)  Lox 990, Farmington, New Mexico				
	El Paso Natura	il Gas Company						
	If well produces oil or liquids, give location of tanks.	Unit Sec. T	wr. Rge.	ls gas actual!	y connected?	when		
IV.	If this production is commingled w							
	Designate Type of Complet	ion - (X)	Gas Well	New Well	Workover Deepen	Plug Ba	ck   Same Restv.   Diff. Restv	· •
	Date Spudded Date Compl. Ready to Prod.		Total Depth		P.B.T.D	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.) Name of Producing		Formation Top Oil/Gas Pay		Tubing Depth			
	Perforations	Depth Casing Shoe				7		
TUBING, CA HOLE SIZE CASING & TUBING				SING, AND CEMENTING RECORD SIZE DEPTH SET			SACKS CEMENT	
	HOLE SIZE	CASING & TUE	SING SIZE		,EFTH SET		3ACKS CEMENT	4
								_
V.	TEST DATA AND REQUEST I	FOR ALLOWABLE		fter recovery of pth or be for fu		oil and must b	pe equal to or exceed top allow	 v-
OII. WELL able for the Date First New Oil Run To Tanks Date of Test.					thed (Flow, pump, ga	s lift, etc.)	CEPEIVED.	٦
Length of Test		Tubing Pressure	Tubing Pressure		Casing Pressure		Choke Sze KLULIV LU	
	Actual Prod. During Test Oil-Bbis.			Water - Bbls.		Gas - MC	Gas-MCF OCT1 3 1965	
	GAS WELL				DIST. 3	_		
	Actual Prod. Test-MCF/D	Length of Test		Bbls. Conden	sate/MMCF	Gravity	of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure		Casing Press	ure	Choke S	ize	
VI.	CERTIFICATE OF COMPLIAN	NCE			OIL CONSER	VATION C	OMMISSION	_
	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.			APPROVEDNOV 1 1965  BY Original Signed Emery C. Arnold  TITLE Supervisor Dist. # 3				_
	OR G'NAL SIGNED E.S. OBERLY  (Signature)  Fetroleum Engineer  (Title) October 8, 1965  (Date)				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.			

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.