DISTRIBUTION NEW MEXICO OIL CONSERVATION SANTA FE Form C-104 REQUEST FOR ALLOWABLE FILE Supersedes Old C-104 and C-11 Effective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER * REVISED OPERATOR PRORATION OFFICE Operato El Paso Natural Gas Company Address Box 289, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) Other (Please explain) X Change in Transporter of: Recompletion Dry Gas Change in Cwnerenip Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ cil No ool Name, Including Formation Kind of Lease Carson 2 Basin Dakota 672 o, Federal associ Location Unit Letter 1470 South __ Feet From The 810 Line and West Feet From The Line of Section

I. DESCRIPTION OF WELL AND LEASE Legse No. SF079483 Township 30-N Range 4-W Rio Arriba , NMPM. County I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil or Condensate [X] Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company Box 289, Farmington, New Mexico 87401 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas , X Northwest Pipeline , Farmington, New Mexico 87401 If well produces oil or liquids, give location of tanks. Unit Sec. TWP. F.ge. Is gas actually connected? When 30-N 4- W If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Gas Well New Well Designate Type of Completion - (X) Same Resty. Diff. Resty. Date Compl. Ready to Prod. * 9-11=79 Total Depth <u>7-3-7</u>9 8347 Elevations (DF, RKB, RT, GR, etc.) \$240' Name of Producing Formation Top G:/Gas Pay Tubing Depth 66921 G.L. <u>Dakota</u> 80321 8067' 8032-8100,8124-8144,8144-8163,8168-8195' W/1 SPZ. Depth Casing Shoe 83471 TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 15 3/4" 9 5/8" 2231 271 c.f. 8 3/4" 39131 264 c.f. 6 1/4" 4 1/2" 83471 677 c.f. <u> 3/8'''</u> 80671 tubing. 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 allow-able for this depth or be for full 24 hours) Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil-Bbls. Water - Bbls. 19 Gas - MCF CON. GAS WELL 3 Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Conde Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in)
* 2920 Choke Size * 2915

CERTIFICATE OF COMPLIANCE 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.

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| M. D. Duco | | | |
| (Signature) | | | |
| Drilling Clerk | | | .] |
| (Title) | | | |

Sept. 14,1979 (Date)

| APPROVE | | - 17 29 75 - 17 26 75 | 10 |
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| BY | Original Signed b | y World in the | |
| TITLED | Failty on Roda | | -43 |

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 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. Consents Forms C-104 must be filed for each most in multiple