OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

DISTRIBUTION		
SANTA FE		
FILE		
U.B.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OF	ICK	
Operator		

71.

(Date)

July 26, 1983

	TRANSPORTER OIL GAS	AI	R ALLOWABLE ND PORT OIL AND NATURAL GAS			
1.	PRORATION OFFICE Operator	AUTHORIZATION TO TRANSF	TORT OIL AND NATURAL GAS			
	El Paso Natur	al Gas Company				
	Box 4289, Farmington, New Mexico 87499					
	Reason(s) for filing (Check proper box		Other (Please explain)			
	New Well	Change in Transporter of:				
	Recompletion V	Oil Dry Ga	 			
	Change in Ownership X	Casinghead Gas Conden	isdie []			
	If change of ownership give name and address of previous owner	El Paso Exploration Comp	pany, Box 4289, Farmingto	on, N. M. 87499		
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Leas	Lease No.		
	San Juan	20 Aztec Picture	ed Cliffs State, Feder	N/ 029146		
	Unit Letter K 18	00 Feet From The South Lin	se and 1800 Feet From	The West		
	7.5	vnship 29N Range	9W , ммрм,	San Juan County		
n.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	is			
	Name of Authorized Transporter of Oil	or Condensate 🛣	Address (Give address to which appro-			
	Name of Authorized Transporter of Cas	inghead Gas cr Dry Gas 💢	Address (Give address to which appro	oved copy of this form is to be sent)		
		al Gas Company	Box 4289, Farmington Is gas actually connected? Wr	ien 0/499		
	If well produces oil or liquids, give location of tanks.	K 35 29N 9W	1			
: v .	If this production is commingled with COMPLETION DATA	h that from any other lease or pool,				
	Designate Type of Completion	on - (X) Oil Weil Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
			CEMENTING RECORD	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allow		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil - Bbls.	Water-Bble.	Gq. MC		
	GAS WELL		JULA 719.	/ð		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensa MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
, [CERTIFICATE OF COMPLIANCE	E.	OIL CONSERVA	TION DIVISION		
	I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		JUL 27 1983			
			Original Signed by FRANK T. CHAVEZ			
	above is true and complete to the	Dest of my knowledge and belief.	TITLE			
	11 /		[]			
	W. M. Rines		This form is to be filed in compliance with RULE 1904. If this is a request for allowable for a newly drilled or deepened			
	(Signa	twe)	well, this form must be accompa tests taken on the well in acco	anied by a tabulation of the deviation		
	Drilling Cle		All sections of this form m	ust be filled out completely for allow-		
	(Tiz	le)	able on new and recompleted w	ella.		

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.

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

DISTRIBUTIO	OH .	
BANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	\Box
	GAS	
OPERATOR		
PROBATION OF	ICE	
Operator		_

1.	U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PROBATION OFFICE Operator		R ALLOWABLE ND PORT OIL AND NATUR	AL GAS	i	
		ural Gas company	***			
	Address Roy 4289 F	armington, New Mexico 87	7499			
	Reason(s) for filing (Check proper box)) -	Other (Please e	xplain)		.
	New Well Recompletion	Change in Transporter of: Oil Dry Ga	ıs 🔲			
	Change in Ownership X	Casinghead Gais Conder	nsate 📗	<u></u>		
	If change of ownership give name and address of previous owner	El Paso Exploration comp	pany , Box 4289,	Farmingt	on, New Mexico	87499
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fo	ormation 1	(ind of Lease		Legse No.
	San Juan	20 Blanco Mesa		state, Federal	pr Fee N	и 029146
	Location				TAT 4	
	Unit Letter K; 180	10 Feet From The South Lin	e and 1800	Feet From T	he West	
	Line of Section 35 Tow	wnship 29N Range	9W , nmpm,	San J	uan	County
n.	DESIGNATION OF TRANSPORT	or Condensate X	Address (Give address to	which approv	ed copy of this form is to	be sent)
	Name of Authorized Transporter of Oil El Paso Nat	cural Gas Company	Box 4289, Farmi			
	Name of Authorized Transporter of Casinghead Gas or Dry Gas		Address (Give address to which approved copy of this form is to be sent) Box 4289, Farmington, New Mexico 87499			
		ural Gas Company	ls gas actually connected			
	If well produces oil or liquids, give location of tanks.	K 35 29N 9W		<u> </u>		
V.	If this production is commingled wit COMPLETION DATA			number:	Plug Back Same Res	v. Diff. Restv
	Designate Type of Completion	on - (X) Gas Well	New Well Workover	· Deepen !	Flug Back Same Nes	V. Dill. 1163 V
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	•	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
	Perforations		<u> </u>		Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEM	ENT
					:	
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume pth or be for full 24 hours)			xceed top allow
	Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift, etc.)			
	Length of Test	Tubing Pressure	Cosing Pressure		Choke Size	
	Actual Prod. During Test	Oil-Bbis.	Woter-Bbls.		Gas-MCF	
			OIL CON.	50.00		
j	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condens of MMCF	}	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-)	Choke Size	
71.	CERTIFICATE OF COMPLIANC	CE	OIL CO	NSERVAT	ION DIVISION	
			APPROVED	JUL	271933	19
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		and that the information given	11			
		BY Original Signed by FRANK T. SHAVEZ SUPPLAYINGE DISTRICT 書 3				
	n u		This form is to b	e filed in c	ompliance with RULE	1104.

71.

D. G. Brisco
(Signature) Drilling Clerk
(Title) July 26, 1983

(Date)

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.