NO. OF COPIES RECEIVED		6		
DISTRIBUTION				
SANTA FE		/		
FILE			مرس	
U.S.G.S.			Ī	
LAND OFFICE				
TRANSPORTER	OIL	<u> </u>		
	GAS	[/_		
OPERATOR		2		
PRORATION OFFICE		[
<u> </u>				

	SANTA FE /		FOR ALLOWABLE	Supersedes Old C-104 and C-110			
	FILE /		AND Effective 1-1-65				
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	LAND OFFICE						
	TRANSPORTER OIL /						
	OPERATOR 2						
	PROPATION OFFICE						
I.	Operator	<u> </u>					
	El Paso Natural Gas (Company					
	Address	Nor Nevico					
	Box 990k Farmington,						
	Reason(s) for filing (Check proper box)		Other (Please explain)				
	New Well Change in Transporter of:						
	Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate						
	Cludge in Ownership Cashighead Sas Condons are						
	If change of ownership give name						
	and address of previous owner						
II.	DESCRIPTION OF WELL AND I	LEASE		ise Lease No.			
	Lease Name	Well No. Pool Name, Including Fo	Well No. Pool Name, Including Formation Kind of Lease				
	Howell C	3 Blanco Mesa V	erde State, Fede	or Fee SF 078596			
	Location	Nonth	1650	East			
	Unit Letter F 790	Feet From The North Lin	e andFeet From	n The			
	Line of Section 7 Tow	viship 30-N Range 8-1	W , NMPM, San J	uan County			
	Line of Section Tow	riship 30-11 Hange	, INMPM,	County			
111	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	.s				
111.	Name of Authorized Transporter of Cil	or Condensate	Address (Give address to which app	roved copy of this form is to be sent)			
	El Paso Natural Gas	Company	Box 990, Farmington,				
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	,	roved copy of this form is to be sent)			
	El Paso Natural Gas	Company	Box 990, Farmington,				
	If well produces oil or liquids,	Unit Sec. Twp. Bge. 8-W	Is gas actually connected?	Vhen			
	give location of tanks,	<u> </u>					
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completio	$\mathbf{x} = \mathbf{x}$	X	*			
	Date Spudded	Date Compl. Ready to Prod. W/O 5-28-67	Total Depth	P.B.T.D.			
	w/o 6-9-67	W/0 5-28-67	5230				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Mesa Verde	Top Oll/Gas Pay	Tubing Depth.			
	Don'th Coming Shop						
	Perforations 4606-12,4628-32,4642-60,4672-84,4694-98;5071-83,5112-24,5134-38,5164-76 5230 Depth Casing Shoe						
	4000-123-7020-523-70-20		CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12 1/2"	9 5/8"	287'	150			
	8 3/4"	6 578"	4500'	300			
	6 1/4"	4 1/2"	5230'	95			
		2 3/8"	5062	tubing			
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load o	il and must be equal to or exceed top allow-			
• •	OIL WELL	able for this de	pth or be for full 24 hours)	life can l			
	Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
		Tubing Pressure	Casing Pressure	Choke Size			
	Length of Test	I doing Pressure	Casing 1 1000 me	JOH FIVEN			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF			
	Actual 7 tout Burning 1 oot			1 1007			
	<u> </u>		<u> </u>	- 1 JUL 1 9 1967			
	GAS WELL			ON COM			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	8321 MCF/D	3 hrs.					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	Calculated A. O. F.						
VI. CERTIFICATE OF COMPLIANCE				ATION COMMISSION			
			APPROVED, 19				
I hereby certify that the rules and regulations of the Oil Conservation				AFFROVED			
	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 by Carl E. Matthews		By Original Signed by Emery C. Arnold				
			TITLE SUPERVISOR DIST. #5				
			" "				
			This form is to be filed in compliance with RULE 1104.				
	Carl E. Matthey	Y\$	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				
	(Signature)		tests taken on the well in accordance with RULE 111.				
Petroleum Engineer		and any of this form must be filled out completely for allow-					

(Title)

(Date)

July 14, 1967

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.

MORKOVER

6-9-67 Cut stuck tubling at 4600', pulled tubling, set cement retainer @ 4387'. Tested ceaning to 1000\$\psi_0.K. Squeezed open hole \\Z00 sis. cement. Ferf S Squeeze holes ceaning to 1000\$\psi_0.K. Squeezed open hole \\Z00 sis. cement. Ferf S Squeeze holes. Cement.

@ 1715'. Set cement retainer @ 1619'. Squeezed through perfs \(\pi\)\\Z55 sis. cement.

6-10-67

| prilling sidetrack hole \(\pi\)\\zetas. 1 3\frac{1}{1}\) @ \(\pi\)\\zetas. 2 \(\pi\)\\zetas. 3 \(\pi\)\\zetas. 6 \(\pi\)\\zetas. 1 3\frac{1}{1}\) @ \(\pi\)\\zetas. 1 3\frac{1}{1}\) \(\pi\)\\zetas. 1 3\frac{1}{1}\) \(\pi\)\\zetas. 2 \(\pi\)\\zetas. 2 \(\pi\)\\zetas. 3 \(\pi\)\zetas. 3 \(\pi\)\zetas.