NO. OF COPIES RECEIVED		6	
DISTRIBUTION			
SANTA FE		1	
FILE		1	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		2	
PRORATION OFFICE		1	

	DISTRIBUTION SANTA FE /	NEW MEXICO OIL	CONSERVATION COMMISSION T FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1	
	U.S.G.S.	AND G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAS		Effective 1-1-65	
	TRANSPORTER GAS /				
ı.	OPERATOR 2	_			
	Operator El Paso Natural Gas				
	Box 990, Farmington	New Marino			
	Reason(s) for filing (Check proper ba	x)	Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion Change in Ownership	Oil Dry C Casinghead Gas Cond	Gas		
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including	Formellar		
	Neudacker	4 Aztec Pictu	1111111111111111111111111111111111111	Lease No.	
	Location Unit Letter D 109	North Li	ine and 990 Feet From	The West	
	2).		7 001 1 131	hine	
III.		TER OF OIL AND NATURAL G		County	
	Name of Authorized Transporter of Oi El Paso Natural Gas	or Condensate	Address (Give address to which appr	roved copy of this form is to be sent)	
	Name of Authorized Transporter of Co		Box 990, Farmington, New Mexico Address (Give address to which approved copy of this form is to be sent)		
	El Paso Natural Gas		Box 990, Farmington,	New Maxico	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. D 14 29N 10W	Is gas actually connected? W	/hen	
IV.	If this production is commingled wincompletion DATA	th that from any other lease or pool,	give commingling order number:		
	Designate Type of Completi	A .	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Date Spudded 6-30-67	Date Compl. Ready to Prod. 8-10-67	Total Depth 21.92 *	P.B.T.D. 2183'	
	Elevations (DF, RKB, RT, GR, etc.) 5700 GL	Name of Producing Formation Pictured Cliffs	Top XX/Gas Pay 2110	Tubing Depth Tubingless Completion	
L	Perforations 2110-20, 2132-52'				
}	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD		
}	12 1/4"	8 5/8"	209°	SACKS CEMENT	
[6 1/4"	2 7/8"	21,92'	190 Sks.	
-					
	FEST DATA AND REQUEST F		fter recovery of total volume of load oil opth or be for full 24 hours)	l and must be equal to or exceed top allow-	
Date First New Cil Run To Tanks Date of Test		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 - Bbls.	Gas-MCF AUG 2 3 1967	
1_				OIL CON. COM	
۲	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		
	2441	3 Hours	Data: Condenadia MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
L VI. €	Calculated A.O.F. CERTIFICATE OF COMPLIANCE	`F	615	3/4"	
		_	APPROVED AUG 23 1967 , 19 By Original Signed by Emery C. Arnold		
C	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 by Carl E. Matthews				
u			TITLE SUPERVISOR DIST. #5		
			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.		
	(Signal Petroleum Engineer	swe)			
_	(Tit	le)	able on new and recompleted we		
August 21, 1967 Fill out only Section well name or number, or tra			Fill out only Sections I. I well name or number, or transport	I, III, and VI for changes of owner, ten or other such change of condition.	
			Separate Forms C-104 must be filed for each pool in multiply		