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	GAS	/	
OBEDATOR			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OPERATOR PRORATION OFFICE Operator El Paso Natural Gas Company Address Box 990, Farmington, New Mexico - 87401 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Lease Name Kind of Lease Lease No. Besin Dekota State, Frderal or Fee IM 04241 Sunray P Location 1750 Morth 1610 West Line and Feet From The 298 JOA Sen Juan Township Range , NMPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil Box 990, Farmington, New Mexico - 87401 El Paso Matural Gas Company Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas El Paso Netural Gas Company Nox 990, Farmington, New Mexico - 87401 Sec. Twp. Rge. Unit If well produces oil or liquids, give location of tanks. **391** 10% If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Workover Plug Back | Same Res'v. Diff. Res'v. Oil Well Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth 6984 70051 12-6-68 11-1-<u>68</u> Top // /Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 6688 5871' CL Dekota 67221 Depth Casing Shoe 6722-34', 6798-6810, 6854-62', 6896-6904', 6944-52' 7005' TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 5/8 22¢, 145 Sks. '005 780 Sks. Tubing V. 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 allowable for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil-Bbls. Water - Bbls. Gas-MCF **GAS WELL** Actual Prod. Test-MCF/D Gravity of Condensate Length of Test Bbls. Condensate/MMCF 3 Hours Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Calculated A.O.F. 2056 3/4" OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE DEC 17 1968 APPROVED. 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. By Original Signed by Emery C. Arnold SUPERVISOR DIST. #3 TITLE Original signed by This form is to be filed in compliance with RULE 1104. Carl E. Matthews If this is a request for allowable for a newly drilled or deepened , this form must be accompanied by a tabulation of the deviation taken on the well in accordance with RULE 111. (Signature) Petroleum Engineer All sections of this form must be filled out completely for allow-(Title)

December 12, 1968

(Date)

on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, 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.