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	GAS	1	
OPERATOR		7	
		1	

	DISTRIBUTION SANTA FE /		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	- AND NSPORT OIL AND NATURAL GA			
	LAND OFFICE					
	TRANSPORTER GAS /	•				
	OPERATOR /					
I.	PRORATION OFFICE Operator					
	El Paso Natural Gas Company Address PO Box 990, Farmington, NM 87401 Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well Recompletion	Change in Transporter of: Oil Dry Gas	s			
	Change in Ownership	Casinghead Gas Conden	sate			
	If change of ownership give name and address of previous owner					
H.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo		Lease No.		
	Nye	6 Aztec Pictureo	d Cliffs State,(Federa)	cr Fee SF 078197		
	Location	O Feet From The South Lin	e and 890 Feet From Ti	West		
	Unit Letter M; 90		e andi det i iom i.			
	Line of Section 8 Tow	mship 29N Range	10W , NMPM,	San Juan County		
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (Give address to which approve	ed copy of this form is to be sent)		
	Name of Authorized Transporter of Oil El Paso Natural Ga		PO Box 990, Farmington,	NM 87401		
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be a					
	El Paso Natural Ga		PO BOX 990, Farmington,			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. M 8 29N 10W	is gas detadify connected			
	If this production is commingled with	th that from any other lease or pool,	give commingling order number:			
Designate Type of Completion - (X) OIL Well Gas Well New Well Workover Deepen Plug Back Same Restv. Diff. Re						
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Date Spudded 3-20-72	6-16-72	2181'	2171'		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay 2066'	Tubing Depth tubingless		
	5723'GL	Pictured Cliffs	2000	Depth Casing Shoe		
	2066-76', 2086-94	4', 2102-12'		2181'		
TUBING, CASING, AND CEMENTING RECORD						
	12 1/4"	CASING & TUBING SIZE 8 5/8"	139'	107 cu.ft.		
	6 3/4"	2 7/8"	2297'	399 cu.ft.		
		tubingless				
v	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	after recovery of total volume of load oil	and must be equal to or exceed top allow-		
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test (Test must be after recovery of total volume of load oil and must be equal to or exceed top able for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)						
	Date Liter New Oil Hair 10 James			KLULITE		
	Length of Test	Tubing Pressure	Casing Pressure	IIIN 23 1912		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	I COM CO.		
			1	DIST. 3		
GAS WELL			Bbis. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D 2136	Length of Test 3 hours				
	Testing Method (pitot, back pr.) Calc. AOF	Tubing Pressure (shut-in) tubingless	Casing Pressure (Shut-in) 406	Choke Size 3/4"		
V	L CERTIFICATE OF COMPLIAN	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.			APPROVED	APPROVED JUN 2 3 1972 19		
			Original Signed by A. R. Kendrick			
						TITLE PETROLEUM Zirzaki zi za

46 Wood	
(Signature)	
Petroleum Engineer	

(Title)

June 21, 1972

(Date)

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 MULE 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.