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DISTRIBUTION				
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	GAS	1		
OPERATOR				
		7		

-	DISTRIBUTION SANTA FE // FILE //		ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
 	U.S.G.S. LAND OFFICE THANSPORTER OIL /	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (GAS		
1.	OPERATOR / PROSATION OFFICE					
•	El Paso Natural Gas Company					
-	Address	1 das company				
Ì	PO Box 990, Farming	PO Box 990, Farmington, NM 87401				
	Reason(s) for filing (Check proper box)					
	New Well X Recompletion	OII Dry Ga	ıs 🔲			
1	Change in Ownership	Casinghead Gas Conder	nsate []			
	If change of ownership give name and address of previous owner					
H.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including F	formation Kind of Lea	se Lease No.		
	Lease Name Hubbell	7 Aztec Pictur	red Cliffs State (Feder	al) or Fee SF 078716-A		
	Location Unit Letter P : 1050	D Feet From The South Lir	ne and 890 Feet From	The East		
	_	nship 29N Range	10W , NMPM,	San Juan County		
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	AS Address (Give address to which appr	oved copy of this form is to be sent)		
	El Paso Natural Gas	El Paso Natural Gas Company PO Box 990, Farmington, NM 87401 of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent)				
	El Paso Natural Gas	S Company	PO Box 990, Farmington			
	Unit Sec. Twp. Rge. Is gas actually connected? when					
	give location of tanks.	P 7 29N 10W				
IV.	If this production is commingled with COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completion	n - (X) X	Total Depth	P.B.T.D.		
	Date Spudded 3-28-72	Date Compl. Ready to Prod. 6-16-72	2148'	2137'		
	Elevations (D.F., R.K.B., R.T., G.R., etc.,	Name of Producing Formation	Top Ck:/Gas Pay	Tubing Depth		
	5706'GL	Pictured Cliffs	2038'	tubingless Depth Casing Shoe		
	2038-54', 2064-80' TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	140'	SACKS CEMENT		
	12 1/4"	8 5/8" 2 7/8"	2148'	412 cu. ft.		
	6 3/4"	tubingless				
v	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be	after recovery of total volume of load of	oil and must be equal to or exceed top allow		
•	TEST DATA AND REQUEST FOR ALLOWABLE able for this depth or be for full 24 hours) able for this depth or be for full 24 hours) Date of Test Producing Method (Flow, pump, gas lift, etc.)					
Date First New Oil Run to Tanks				Chok Siz CLUL		
	Length of Test	Tubing Pressure	Casing Pressure	Gas MCF JUN 23 1972		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	CON CO		
	TAG NET I		·	Distr		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	1625	3 hrs. Tubing Pressure (Shut-in)	Casing Pressure (Ehut-in)	Choke Size		
	Testing Method (pitot, back pr.) Calc. AOF	tubingless	389	3/4"		
VI	VI. CERTIFICATE OF COMPLIANCE		OIL CONSER	VATION COMMISSION		
	I hereby certify that the rules and	regulations of the Oil Conservatio	n APPROVED			
	I hereby certify that the rules and tegration of the information given 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 A. R. Kendrick TITLE PWTROLEUM ENGINEER			
	1, 1	()				
	44/2000		This form is to be filed in compliance with RULE 1104. If this is a request for silowable for a newly drilled or deepe If this form must be accompanied by a tabulation of the deviation.			

(Signature) Petroleum Engineer (Title)

June 21, 1972

(Date)

well, this form must be accompanied by a tabulation of tests taken on the well in accordance with MULE 111.

All sections of this form must be filled out completely for sllowable 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.