HO. OF COPIES RECEIVED					
DISTRIBUTION					
SANTA FE					
FILF.					
U.S.G.S.					
LAND OFFICE					
OIL	1				
GAS	1				
OPERATOR					
PRORATION OFFICE					
	OIL GAS	OIL / GAS /			

May 30, 1974

(Date)

-	SANTA FE /		OR ALLOWABLE	Supersedes Old C-104 and C-110			
ł	FILE /	REGUESTI	AND	Effective 1-1-65			
l	U.S.G.5.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GA	NS.			
ŀ	LAND OFFICE	ACTIONIZATION TO THE					
-	TRANSPORTER OIL /						
- 1	GAS /						
	OPERATOR						
1.	PRORATION OFFICE Operator						
El Paso Natural Gas Company							
-	PO Box 990, Farmington, NM 87401  Reason(s) for filing (Check proper box)  Other (Please explain)						
}							
	New Well	Change in Transporter of:					
	Recompletion	Oil Dry Gas					
ļ	Change in Ownership	Casinghead Gas Condens	ate				
ı							
	If change of ownership give name and address of previous owner						
П.,	DESCRIPTION OF WELL AND	Well No. Pool Name, Including For	mation Kind of Lease	Lease No.			
	Lease Name		1	or Fee SF 078716-A			
	Hubbell Location		III LIACE				
	T 1565	Feet From The South Line	and Feet From T	East			
	Unit Letter;;	Feet From The	GIIG				
	Line of Section 7 To	waship 29N Range	10W NMPM,	San Juan County			
	Eme of Section						
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	Address (Give address to which approv	ed conv of this form is to be sent)			
	Name of Authorized Transporter of Oil	or Condensate X	PO Box 990, Farmi	ington, NM 87401			
	El Paso Natural (		Address (Give address to which approv				
	Name of Authorized Transporter of Ca		PO Box990, Farmin	ngton, NM 87401			
	El Paso Natural (	Jas Company	Is gas actually connected? When				
	If well produces oil or liquids,	1	12 945 45,441,7 55,111,111				
	qive location of tanks.      7   29N   10W						
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:				
IV.	COMPLETION DATA		Wen well weight	Plug Back   Same Res'v. Diff. Res'v.			
	Designate Type of Completi-	on – (X) X	X				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 2049'	P.B.T.D. 2039'			
	4-8-74	5-21-74		Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Fruitland	Top Al/Gas Pay 1876'	Tubingless			
	5762'GL	Fluttand		Depth Casing Shoe			
	Perforations 1876-86', 1900-0	06'		2049			
TURING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12 1/4"	8 5/8"	126'	112 cu. ft. 526 cu. ft.			
	7 7/8" & 6 3/4'	2 7/8"	2049'	520 Cu. 1t.			
		tubingless					
				- d - was be acted to or exceed top allows			
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or able for this depth or be for full 24 hours)							
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)			
	Date First New Cir.						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
			Wassa Bhis	Gas-MCF			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	332			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate			
	175	3 hrs.					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 3/4"			
	Calc. AOF	tubingless	649	<u></u>			
<b>3/1</b>	. CERTIFICATE OF COMPLIAN	NCE	OIL CONSERVA	TION COMMISSION			
VI. CERTIFICATE OF COME EMILION			***	APPROVED			
	I hereby certify that the rules and	regulations of the Oil Conservation	Original Signed by A. R. Kendrick				
		with and that the information given ne best of my knowledge and belief.					
	above is true and complete to the		DEFURATION FOR	PETROLEUM ENGINEER DIST. NO. 3			
	1 1. 1	· All Market	This form is to be filed in	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 !!!.			
	Drilling Clerk	1.0	All sections of this form m	ist be filled out completely for allow-			
		ritle) Colt 3	able on new and recompleted w	<b></b>			

All sections of this form must be filled out completely for showable on new and recompleted wells.

Fiti out only Sections I. II. III. and VI for changes of ewner,
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.