El Paso Natural Gas Company Address PO Box 990, Farmington, NM 87401 Restor(s) for filing (Creek proper box) New Well Recompletion Change in Consenship Change in Consenship Uchange of connership give name and address of previous owner II Change of connership give name and address of previous owner III. DESCRIPTION OF WELL AND LEASE. Location Unit Letter D: 890 Feet From The North Line and 820 Feet From The West Line of Section 17 Township 29N Ronge 10W, NMFM, San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Rice of Authorized Transporter of Oil or Condensate Name Address (Give address to which approved copy of this form is to be sent) Rice of Authorized Transporter of Oil or Condensate Name Address (Give address to which approved copy of this form is to be sent) Rice of Authorized Transporter of Oil or Divides Name Address (Give address to which approved copy of this form is to be sent) Rice of Authorized Transporter of Oil or Divides Name Address (Give address to which approved copy of this form is to be sent) Rice of Authorized Transporter of Oil or Divides Name Address (Give address to which approved copy of this form is to be sent) Rice of Authorized Transporter of Oil or Divides Name Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM 87401 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETIN DATA Designate Type of Completion — (X)		DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OPERATOR PRORATION OFFICE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
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Name of Authorized Transporter of Cli	III.	DESIGNATION OF TRANSPORT	ER OF OIL	AND NA	TURAL GA	S				7 	
Name of Authorized Transporter of Stainghead Gas		Name of Authorized Transporter of Oil or Condensate X				Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company PO Bo x 990, Farmington, NM 87401 If well produces oil or liquids, paye location of tunks. D 17 29N 10W If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Designate Type of Completion — (X) Designate Type of Completion — (X) Date Spudded 5-3-74 Elevations (DF, RKB, RT, GR, etc., Sec., Name of Producing Formation Sec., Se		El Paso Natural Gas Company				Address (Give address to which approved copy of this form is to be sent)					
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with the state of		Actual Prod. During Test	Oil-Bbls.	<u></u>		Water - Bb	ls.	1	Gas-MCF		
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1	l l	1					
Length of Test	Tubing Pressure	Casing Pressure	Contraction of the second				
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MGF				
GAS WELL			CON. COM.				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MN	MCF Condensate				

Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) 677 tubingless Calc. AOF

VI. CERTIFICATE OF COMPLIANCE

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.

	A. G. Dusce
	Drilling Clerk Originature)
· · · · · · · · · · · · · · · · · · ·	(Title)
	May 30, 1974
	(Date)

OIL CONSERVATION COMMISSION

APPROVED		· · · · · · · · · · · · · · · · · · ·		, 19	
APPROVED	Signed	by A. R.	[†] Kendr	ick	
PET		ENGINEER			
TITLE					

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.