|      | DISTRIBUTION ANTA FE  ILE  J.S.G.S. LAND OFFICE  IRANSPORTER  OPERATOR  /  OPERATOR  /                                                                |                                                                              | CONSERVATION COMM<br>FOR ALLOWABLE<br>AND<br>ANSPORT OIL AND                                                 |                                       | Form C-104 Supersedes Old C-104 and C-110 Elfective 1-1-65 |  |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------|--|
| 1.   | PRORATION OFFICE  Operator  Fil Dana Natural Con Company                                                                                              |                                                                              |                                                                                                              |                                       |                                                            |  |
|      | El Paso Natural Gas Company                                                                                                                           |                                                                              |                                                                                                              |                                       |                                                            |  |
|      | P. O. Box 990, Farmington, NM 87401                                                                                                                   |                                                                              |                                                                                                              |                                       |                                                            |  |
|      | Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership                                                                      | Change in Transporter of:  Oil Dry Go Casinghead Gas Condo                   | F==                                                                                                          | explain)                              |                                                            |  |
|      | If change of ownership give name and address of previous owner                                                                                        |                                                                              |                                                                                                              |                                       |                                                            |  |
| H.   | DESCRIPTION OF WELL AND LEASE                                                                                                                         |                                                                              |                                                                                                              |                                       |                                                            |  |
|      | Lease Name<br>Howell L                                                                                                                                | Vell No. Pool Name, Including F  1A Blanco Mesa                              |                                                                                                              | Kind of Lease<br>State Federal or Fee | SF078385-A                                                 |  |
|      | Location                                                                                                                                              |                                                                              |                                                                                                              |                                       |                                                            |  |
|      | Unit Letter D; 1075 Feet From The N Line and 1100 Feet From The W                                                                                     |                                                                              |                                                                                                              |                                       |                                                            |  |
|      | Line of Section 23 Township 30N Range 8W , NMPM, San Juan County                                                                                      |                                                                              |                                                                                                              |                                       |                                                            |  |
| III. | DESIGNATION OF TRANSPORT                                                                                                                              | DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS                            |                                                                                                              |                                       |                                                            |  |
|      | Name of Authorized Transporter of Cil or Condensate 🛣 A                                                                                               |                                                                              | Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, NM 87401 |                                       |                                                            |  |
|      | Name of Authorized Transporter of Castaghead Gas or Dry Gas X                                                                                         |                                                                              | Address (Give address to which approved copy of this form is to be sent)                                     |                                       |                                                            |  |
|      |                                                                                                                                                       |                                                                              | P. O. Box 990, Farmington, NM 87401                                                                          |                                       |                                                            |  |
|      | If well produces oil or liquids, $D$ Unit Sec. Twp. Rge. Is gas actually connected? When give location of tanks. $D$ 23 30N 8W                        |                                                                              |                                                                                                              |                                       |                                                            |  |
|      | f this production is commingled with that from any other lease or pool, give commingling order number:                                                |                                                                              |                                                                                                              |                                       |                                                            |  |
|      | Designate Type of Completion                                                                                                                          | on - (X)   Oll Well   Gas Well   X                                           | New Well Workover                                                                                            | Deepen Plug F                         | Back   Same Res'v. Diff. Res'v.                            |  |
|      | Date Spudded<br>02-12-75                                                                                                                              | Date Compl. Ready to Prod.<br>11-26-75                                       | Total Depth<br>5545'                                                                                         | P.B.T<br>552                          |                                                            |  |
|      | Elevations (DF, RKB, RT, GR, etc.)                                                                                                                    | Name of Producing Formation                                                  | Top Xil/Gas Pay                                                                                              |                                       | g Depth                                                    |  |
|      | 6148' GL                                                                                                                                              | Mesa Verde                                                                   | 4654                                                                                                         | 549                                   |                                                            |  |
|      | Perforations 4654', 4747', 4760<br>4856', 4887', 4910', 4941<br>5084', 5111', 5192', 5205                                                             | ,4768',4786',4797',4814<br>,4952',4995',5007',504<br>,5226',5245',5264',5276 | 1',5050',5062',5<br>5',5285',5314',                                                                          | 50741,<br>53491, 554                  | Casing Shoe                                                |  |
|      | -5376',5442',5493',5522                                                                                                                               | TUBING, CASING, AND CASING & TUBING SIZE                                     | DEPTH SE                                                                                                     | <del></del>                           | SACKS CEMENT                                               |  |
|      | 13 3/4"                                                                                                                                               | 9 5/8"                                                                       | 210' GL                                                                                                      | 212                                   | cu. ft.                                                    |  |
|      | 8 3/4"                                                                                                                                                | 7''                                                                          | 3294                                                                                                         | •                                     | cu. ft.                                                    |  |
|      | 6 1/4''                                                                                                                                               | 4 1/2" Liner<br>2 3/8"                                                       | 3177-5545'.<br>  5495'                                                                                       | Tbg                                   | cu. ft.                                                    |  |
|      | 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.)  OIL WELL |                                                                              |                                                                                                              |                                       |                                                            |  |
| ĺ    | Date First New Oil Run To Tanks                                                                                                                       | Date of Test                                                                 | Producing Method (Flow, pump, gas lift Control                                                               |                                       |                                                            |  |
|      | Length of Test                                                                                                                                        | Tubing Pressure                                                              | Casing Pressure                                                                                              |                                       | 512.                                                       |  |
| ŀ    | Actual Prod. During Test                                                                                                                              | Oil-Bbls.                                                                    | Water - Bbls.                                                                                                | OF C                                  | COW.                                                       |  |
| ļ    | GAS WELL                                                                                                                                              |                                                                              |                                                                                                              | / Dr. cc                              | N. 3                                                       |  |

Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF 3 hours 7391 Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size 3/4" Variable 759 Calc. A.O.F.

## 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.

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|----------------------------------------------------------------|
| W. B. Bisco                                                    |
| Drilling Clerk (Signature)                                     |
| December 3, 1975 (Title)                                       |

(Date)

OIL CONSERVATION COMMISSION

GEG 6 1975 APPROVED \_\_\_\_ - 1 - 1 - 1 SUPERVISOR DIST. #3 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 RULE 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.

Canarata Roma C-104 must be filed for each nool in multiply