	DISTRIBUTION SANTA FE FILE U.S.G.S.	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	IRANSPORTER OIL / GAS /								
	OPERATOR /								
I.	PRORATION OFFICE .								
	EL PASO NATURAL G	GAS CO.							
	Address								
j	BOX 990, FARMINGTON, NEW MEXICO								
	Reason(s) for filing (Check proper box) Other (Please explain)								
	New Well	Change in Transporter of:							
ı	Recompletion	CII Dry Gas							
	Change in Ownership	Casinghead Gas Condensate							
	If change of ownership give name and address of previous owner								
1	DESCRIPTION OF WELL AND	Velt No. Pool Name, Including Formation Kind of Lease							
1		Vell No. Pool Name, Including Formation Kind of Lease 23A BLANCO M.V. State, Federal or Fo	;e						
1	Lease Name	Well No. Pool Name, Including Formation Kind of Lease	e .						
,	SAN JUAN	Well No. Pool Name, Including Formation Kind of Lease							

orm C-104 operseder Old C-104 and C-17 floctive 1-1-65

11.	DESCRIPTION OF WELL AND				· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
	SAN JUAN	23A	Pool Name, Including F BLANCO M.V.	formation	Kind of Lease State, Federa		NM	029146		
	Location		<u> </u>		0.0.0,		141			
	Unit Letter F ; 14	60 Feet Fron	The North Li	ne and1795	Feet From 1	The W	lest	THE STATE OF THE S		
	Line of Section 33 T	ownship 29N	Range	9W , NMPM, San Juan count						
III.	DESIGNATION OF TRANSPOR			AS						
	Name of Authorized Transporter of Oil or Condensate 🔀			Address (Give address to which approved copy of this form is to be sent)						
	EL PASO NATURAL GAS CO. Name of Authorized Transporter of Casinghead Gas or Dry Gas (Y)			BOX 990, FARMINGTON, NEW MEXICO Address (Give address to which approved copy of this form is to be sent)						
	EL PASO NATURAL GAS CO.									
		BOX 990, FARMINGTON, NEW MEXICO [Is gas actually connected? When								
	If well produces oil or liquids, give location of tanks.	F 33	29N 9W		!					
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA									
	Designate Type of Complet		l Well Gas Well	New Well Workover	Deeper	Plug Back	.Same Res	ity. Diff. Rest		
	Date Spudded	Date Compl. Re	X	Total Depth	<u> </u>	P.B.T.D.				
	3/20/78			4962'						
	Elevations (DF, RKB, RT, GR, etc.,				4902° Top ∰/Gas Pay			Tubing Depth		
	5868' GR				4066'			4892'		
		Perforations 4066, 4102, 4114, 4149, 4155, 4161, 4194, 4236						Depth Casing Shoe		
	4523,4528,4533,4538,4559,4565,4573,4577,4589,45				4962'					
	4683,4767,4825,4831'		BING, CASING, AND & TUBING SIZE	CEMENTING RECOR	SACKS CEMENT					
	13 3/4"	9 5/8	 	226'		 	4 cf.	ENI		
	8 3/4"	7''		2537'		321 cf.				
	6 1/4''	4 1/2	l' liner	2381-4962	448 cf.					
		2 3/8	3''	4892'	i tuhing					
V.	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allo able for this depth or be full 24 hours)									
	Date First New Cil Run To Tanks	Date of Test		Producing Method (Flow, pump, gas lift, etc.)						
	Length of Test	Tubing Pressure	•	Casing Pressure	Choke Size					
	Actual Pred, During Test	Oil-Bble.		Water - Bbls.		Ges-MCF .				
				L (30/1 2 1578)						
	GAS WELL	The Son com /								
	Actual Prod. Test-MCF/D Length of Test			Bbls. Condensate/MMCI	Gravity of Condensate					
					No. of the land of					
	Testing Method (pitot, back pr.)	Tubing Pressure	· ·	Casing Pressure (Shut-	-in)	Choke Size				
.			.72	862	2011555144					
١.	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.			OIL CONSERVATION COMMISSION APPROVED 119 19 19						
				Original Signed by FRANK T. HAVEZ						
	shove is true and complete to the	e best of my kn	owledge and periot,	BY	T Dies	. alaPatak	, District	5		
				TITLE						
	M. J. Bucco			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despendently, this form must be accompanied by a tabulation of the deviation						
	Drilling Clerk	iatwe)		tests taken on the t	well in accord	lance with M	ULE 111.	•		
•	(Title)			All sections of this form must be filled out completely for allow able on new and recompleted wells.						
	5/26/78 (Date)			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						
	(0	ute j		Separate Forms						
			i	completed wells.						