NO. OF COPIES RECEIVED			5	
DISTRIBUTION				
SANTA FE		1		
FILE		1	•	
u.s.g.s.				
LAND OFFICE				
TRANSPORTER	OIL	1	L	
	GAS	1		
OPERATOR		1		

	SANTA FE /	Form C-104					
	FILE	REQUEST	FOR ALLOWABLE AND	Supersedes Old C-104 and C-110 Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRAI	245				
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	TRANSPORTER OIL						
`	GAS /						
	OPERATOR /						
1.	PRORATION OFFICE Operator	L.					
	1 "	El Paso Natural Gas Company					
	Address						
	PO Box 990. Farmi	PO Box 990, Farmington, NM 87401					
	Reason(s) for filing (Check proper box)	ाच्छे ।					
	New We!!	Change in Transporter of: Oil Dry Gas					
	Recompletion Change in Ownership	Casinghead Gas Condensate					
	If change of ownership give name and address of previous owner						
	-						
II.	DESCRIPTION OF WELL AND I	LEASE Well No. Pool Name, Including Fo	ormation Kind of Leas	te Lease No.			
	Riddle B	7 Blanco Picture	1	-			
	Location	7 Blanco Fecured Chills Latt. 7 7 51 07 0200 B					
	Unit Letter K; 1650	Feet From The South Line	e and Feet From	The West			
	Line at Section 23 Tow	vnship 30N Range	10W , NMPM,	San Juan County			
***	DECICE ITION OF TRANSPORT	TER OF OIL AND NATURAL GA	s				
111.	Name of Authorized Transporter of Oil	or Condensate X	Aidress (Give address to which appro	oved copy of this form is to be sent)			
	El Paso Natural Gas Comp any		PO Box 990, Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM 87401 Is gas actually connected? When				
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Company						
	Unit Sec. Twp. Pge.						
	If well produces oil or liquids, give location of tanks.	K 23 30N 10W					
	<u></u>	th that from any other lease or pool,	give commingling order number:				
IV.	COMPLETION DATA			To San Day Back Day Back			
	Designate Type of Completion	(Y)	New Well Workover Deepen	Plug Back Same Resiv. Diff. Resiv.			
	Date Spunded	Date Compl. Ready to Prod.	X 1 Total Depth	P.B.T.D.			
	4-17-72	6-29-72	2899'	2888'			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top XII/Gas Pay	Tubing Depth			
	6204'GL	Pictured Cliffs	2804'	tubingless			
	Perforations	U_26321		Depth Casing Shoe 2899*			
	2804-2810' and 2820-2832' TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12 1/4"	8 5/8"	139'	107 cu. ft.			
	6 3/4"	2 7/8"	2899'	412 cu. ft.			
		tubingless					
	THE DATE AND REQUEST F	OP ALLOWARIE (Test must be a	feer recovery of total values of load of	l and must be equal to or exceed top allow-			
V.	oble for this depth or be for full 24 hows)						
	Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas	in, etc.			
		Test Tubing Pressure Casing Pressure		Choloude LIV LL			
	Length of Test	I dom'd Freeze					
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gae संस्थित विश्वास्थित विश्वास्थित विश्वास्थित विश्वास्थित विश्वास्थित विश्वास्थित विश्वास्थित विश्वास्थित वि			
			<u> </u>	OIL CON. COM.			
				DIST. 3			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate			
	1940	3 hours					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	Calc. AOF	tubingless	899	3/4"			
VI.	CERTIFICATE OF COMPLIAN	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION			
			APPROVED JUL \$ 1972, 19				
	Commission have been complied t	ereby certify that the rules and regulations of the Oil Conservation mmission have been complied with and that the information given		Stand by Emery C. Arnold			
above is true and complete to the best of my knowledge and beli		e best of my knowledge and belief.	BY				
	7 H De Signature D		TITLE SUFE	RVISOR LIST. #3			
			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
Petroleum Engineer			All sections of this form must be filled out completely for allow-				

(Title)

(Date)

July 3, 1972

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.