DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR PROPATION OFFICE

NEW MIXICO OIL CORSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PRORATION OFFICE]			· · · · · · · · · · · · · · · · · · ·			
Operator Fl Paso Hatural Gas	Company						
Address		091.02		**************************************	· · · · · · · · · · · · · · · · · · ·		
Rose 900, Rormington Reason(s) for Isling (Check proper box	, <u>New Mexic</u> /	:o 87401.	Other (Please	e explain)			
New Well Change in Transporter of:							
Recompletion Oil Dry Gas X							
Change in Ownership	Casinghead	Gas Conder	isate				
If change of ownership give name and address of previous owner							
DESCRIPTION OF WELL AND	LEASE	1 1 1 1 1 1		Kind of Lease		Lease No.	
Lease Name						1 1	
San Juan 32-5 Unit	sa Verde State, rederal or rige			Fee			
Unit Letter i 1	and 790 Feet From The			West			
Line of Section 24 Tov	waship 32H	Range	6W , NMPD	, Rio Ar	criba	County	
DESIGNATION OF TRANSPORT	TER OF OIL A	ND NATURAL GA	.s				
Name of Authorized Transporter of Cil	Address (Give address to which approved copy of this form is to be sent)						
El Paso Retural Gas Company Box 990, Farmington, New Mexico 87401						7401	
Name of Authorized Transporter of Cas	Address (Give address to which approved copy of this form is to be sent)						
Northwest Pipeline	501 Airport Drive, Farmington, New Mexico 87401						
If well produces oil or liquids, give location of tanks.	produces oil or liquids,					,	
If this production is commingled wit COMPLETION DATA					·	*	
Designate Type of Completic		Well Gas Well	New Well Workover	Deepen	Plug Back Same 	Restv. Dill. Restv.	
Date Spudded	Date Compl. Re	ady to Prod.	Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.,	Name of Produc	ing Formation	Top Off/Gas Pay		Tubing Depth		
Perforations	<u></u>				Depth Casing Shoo	,	
	7.11	DING CICING AND	CEUENTING DECOS	20	<u> </u>		
HOLE SIZE	¬	TUBING, CASING, ARE	CEMENTING RECOR		SACKS	CEMENT	
HOLE SIZE	CASINO	3 1001110 0120					
	 						
					AT 1130S		
					ALL TIVE	3 \	
TEST DATA AND REQUEST FO	OR ALLOWAE	LE (Test must be a	feer recovery of total volu	ime of load all	and be equal to	or exteed top allow-	
OIL WELL		able for this de	pth or be for full 24 hour. Producing Method (Flor		5 197	4 	
Date First New Oil Run To Tanks	Date of Test				EES CO	M./	
Length of Test	Tubing Pressure	•	Casing Pressure	No.	Sper-Glast. 3		
Actual Prod. During Test	CII-Bbls.		Water-Bbls.	Name of the second seco	GOT HCE		
GAS WELL Actual Prod. Test-MCF/D	Length of Tost		Bbls. Condensate/MMC	F	Gravity of Conden	eqte	
Testing Method (pitot, back pr.)	Tubing Pressure	(Shut-in)	Cosing Pressure (Shut	;-in)	Choke Size		
				0011000111	71011 0011110	SION	
CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation given			OIL CONSERVATION COMMISSION FEB 7 19/4				
			APPROVED	APPROVED NOUS			
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY THOUSAND DIGHT WO C					
			TITLE PETROLEUM ENGINEER DIST. NO. 3				
			This form is to be filed in compliance with RULE 1104.				
(Si-ratural)			I wall this form mur	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			
(Signature)			tests taken on the well in accordance with nuce 111. All sections of this form must be filled out completely for sllow-				
n'i	(le)	A STATE OF THE PERSON NAMED OF THE PERSON NAME	ble on new and is	ecompleted we	113.		
			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.				
(Date)			well name or number, or transported or other such change of contribute				