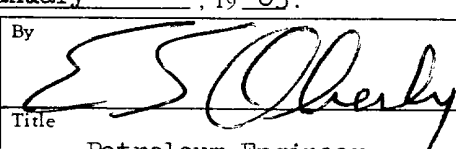


NUMBER OF COPIES RECEIVED DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			FORM C-110 (Rev. 7-60)	
COMPANY OR OPERATOR El Paso Natural Gas Company		LEASE EPNG State			WELL NO. 4	
UNIT LETTER N	SECTION 16	TOWNSHIP 32-N	RANGE 10W	COUNTY San Juan		
POOL Blanco Mesa Verde				KIND OF LEASE (State, Fed, Fee) State		
IF WELL PRODUCES OIL OR CONDENSATE give location of tanks		UNIT LETTER Same	SECTION	TOWNSHIP	RANGE	
AUTHORIZED TRANSPORTER OF OIL <input type="checkbox"/> OR CONDENSATE <input checked="" type="checkbox"/>			ADDRESS (give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Company			Box 990, Farmington, New Mexico			
IS GAS ACTUALLY CONNECTED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
AUTHORIZED TRANSPORTER OF CASING HEAD GAS <input type="checkbox"/> OR DRY GAS <input checked="" type="checkbox"/>		DATE CONNECTED 10-10-56	ADDRESS (give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Company			Box 990, Farmington, New Mexico			
IF GAS IS NOT BEING SOLD, GIVE REASONS AND ALSO EXPLAIN ITS PRESENT DISPOSITION:						
REASON(S) FOR FILING (please check proper box)						
New Well <input type="checkbox"/>						
Change in Ownership <input type="checkbox"/>						
Change in Transporter (check one)						
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>						
Casing head gas . <input type="checkbox"/> Condensate.. <input checked="" type="checkbox"/>						
Other (explain below)						
REMARKS						
JAN 23 1963						
THE UNDERSIGNED CERTIFIES THAT THE RULES AND REGULATIONS OF THE OIL CONSERVATION COMMISSION HAVE BEEN COMPLIED WITH.						
Executed this the <u>1st</u> day of <u>January</u> , 19 <u>63</u> .						
OIL CONSERVATION COMMISSION			By 			
Approved by Original Signed By A. R. KENDRICK			Title Petroleum Engineer			
Title PETROLEUM ENGINEER DIST. NO. 3			Company El Paso Natural Gas Company			
Date JAN 25 1963			Address Box 990, Farmington, New Mexico			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	/
PRORATION OFFICE	/

1. Operator
El Paso Natural Gas Company

Address

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
**Name Change from
El Paso Natural Gas State #4**

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name EPNG Com C	Well No. 4	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee
Location			
Unit Letter N	Feet From The	Line and	Feet From The
Line of Section 16	Township 32N	Range 10W	NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	Is gas actually connected? Yes When

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spud led	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

ORIGINAL SIGNED E. S. OBERLY

(Signature)

Petroleum Engineer

(Title)

October 8, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 1 1965

BY Original Signed Emery C. Arnold

TITLE Supervisor Dist. # 3

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 Sections I, II, III, and VI only 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.