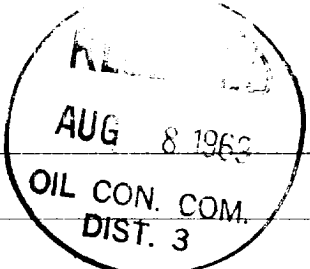


DISTRIBUTION  
 SANTA FE  
 FILE  
 U.S.G.S.  
 LAND OFFICE  
 TRANSPORTER OIL  
 PERATOR GAS  
 PERATION OFFICE 2

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



El Paso Natural Gas Company  
 P. O. Box 990, Farmington, New Mexico 87401

Reasons for filing (Check proper box)  
 New Well   
 Recombination   
 Change in Ownership   
 Change in Transporter of: Oil   
 Casinghead Gas   
 Dry Gas   
 Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Allison Unit	Well No. 9	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee
Location: Unit Letter G, 1765 Feet From The North Line and 1500 Feet From The East Line of Section 13, Township 32 Range 7, 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? 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 Resrv.	Diff. Resrv.
Date Spudded	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
Installed Intermittent	Turned back on production 5-28-69		

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 - MCF

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.

T. B. Grant (Signature)  
 Production Engineer (Title)  
 August 6, 1969 (Date)

OIL CONSERVATION COMMISSION  
 AUG 8 1969  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY Original Signed by Emery C. Arnold  
 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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter or other such change of conditions.  
 Separate Forms C-104 must be filed for each pool in multiple-completed wells.