NO. OF COPIES RECI	6		
DISTRIBUTIO			
SANTA FE	1		
FILE	/	V	
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL	1	
	GAS	/_	
OPERATOR	2		
BBOBATION OF	1		

II.

III.

IV.

NEW MEXICO OIL CONSERVATION COMMISSION

	SANTA FE	1	ł	ST FOR ALLOWABLE		Supersedes O	ld C-104 and C-110
	FILE	1	KEQUES	AND	-	Effective 1-1-	
	U.S.G.S.		AUTHORIZATION TO T	· ·· · -	NATURAL C	2.4.5	
	LAND OFFICE		AUTHORIZATION TO T	KANSI OKT OIL AND	MATURAL O	, AJ	
	OIL	1/					
	TRANSPORTER GAS	1					
	OPERATOR	2					
1.	PRORATION OFFICE						
	Operator						
		atura	al Gas Company				
	Address	The sees :	ington Nove Marrian				
	Reason(s) for filing (Check p		ington, New Mexico	Other (Plea	ise explain)		
	New Well	proper o	Change in Transporter of:	Office (2 Per	ise explain,		
	Recompletion			Gas			
	Change in Ownership		Casinghead Gas Con	densate			
İ							J
	If change of ownership give						
	and address of previous ow	viiei					
II.	DESCRIPTION OF WEL	L AN	D LEASE				
	Lease Name		Well No. Pool Name, Including	g Formation	Kind of Lease		Lease No.
	Heaton		20 Aztec Pictu	red Cliffs	State, Federal	l or Fee	SF 078097
	Location						
	Unit Letter G	1	705 Feet From The North	Line and1750	Feet From 7	The East	
					_	_	
	Line of Section 29		Township 31N Range	11W , NM	^{⊃M,} San	i Ju a n	County
		. NO DO	DEED OF OU AND NATURAL	CAC			
11.	Name of Authorized Transpo	rter of	or Condensate T	Address (Give addres	s to which approx	ved copy of this form is	to be sent)
	i .		_	Box 990, Fa			
	El Paso Nature			Address (Give address	s to which approv	ved copy of this form is	to be sent)
	El Paso Natur			Box 990 F	armington.	New Mexico	
			Unit Sec. Twp. Rge.	Is gas actually conne			
	If well produces oil or liquid give location of tanks.	15,	G 29 31N 11W		1		
	Tf this and destination is commi	ingled	with that from any other lease or po-	ol, give commingling or	der number:		
	COMPLETION DATA	mgred	with that from any other reasons po				
		`	Cil Well Gas Well	New Well Workove	r Deepen	Plug Back Same R	estv. Diff. Restv.
	Designate Type of C	ompre		X		1 2 2 2 2	
	Date Spudded		Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
	7-11-66		8-12-66	2570'		Tubing Depth	
	Elevations (DF, RKB, RT, C	GR, etc.		Top Car Gas Pay			
	5954' GL		Pictured Cliffs	2482		Tubingless Depth Casing Shoe	Completion
	Perforations 2482-94, 2506	3.6	acal ha				
	2402-94, 2500	-10,		AND CEMENTING REC	OPD	2570'	
	HOLE SIZE		CASING & TUBING SIZE	DEPTH		SACKS CE	MENT
	12 1/4"		8 5/8"	140'		110 Skg.	
	(1 / 1 / 1		2 7/8"				
	0 1/4		2 1/6	2570'		250 Sks.	
1 7	TEST DATA AND PEO	TIEST	FOR ALLOWABLE (Test must b	e after recovery of total v	olume of load oil	and must be equal to o	exceed top allow-
٧.	Old WELL able for this depth or be for full 24 hours)						
	Date First New Oil Run To	Tanks	Date of Test	Producing Method (F	low, pump, gas li		
							}
	Length of Test		Tubing Pressure	Casing Pressure	10	hose Size 660	. /
						V V VV	
	Actual Prod. During Test		Oil-Bbls.	Water - Bbls.	[]	Gas-Vor	1
							/
					1		
	GAS WELL		Length of Tool	Bbls. Condensate/M	MCF	Gravity of Condensa	te
	Actual Prod. Test-MCF/D		Length of Test	Duta. Condensate/M	.v. ∪ 1	G. C , O. Oolidensu	
	2843		3 Hours Tubing Pressure (shut-in)	Casing Pressure (S)	nut-in)	Choke Size	
	Testing Method (pitot, back		I uping Pressure (SNUC-IR)	675	,	3/4"	
	Calculated A.				CONSEDU		ON.
VI.	I. CERTIFICATE OF COMPLIANCE				ATION COMMISSI	O14	
				APPROVED	SEP	- 6 1966	., 19
	I hereby certify that the r	ules a	nd regulations of the Oil Conservati d with and that the information giv	ion ii			
	Commission have been c	omplie	d with and that the information give	ef ll py Origi	nal <u>Signed</u>	by Emery C.	as noiu

TITLE _

VI.

above is true and complete to the best of n

Original	Signed	F. H.	WOOD

(Signature) Petroleum Engineer

September 2, 1966 (Title)

(Date)

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 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.