	DISTRIBUTION SANTA FE		CONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11	
	U.S.G.S.	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL	Effective 1-1-65	
	LAND OFFICE OIL /				
	TRANSPORTER GAS /				
1.	PRORATION OFFICE				
	Operator El Paso Natural Gas Company Address Oli- CON. COM.				
	Box 990, Farmington, I Reason(s) for filing (Check proper box	New Mexico 87401	Other (Please explain)		
	New Well Recompletion	Change in Transporter of: Oil Dry Go			
	Change in Ownership	Casinghead Gas Conde			
	If change of ownership give name				
	and address of previous owner	······································			
11.	Lease Name	Well No. Pool Name, Including F	ormation Kind of Leas	se Lease No.	
	Heaton Location	26 Undesignated P	ictured Cliffs State, F Xer.	al cr Fee SF 078097	
	Unit Letter I ; 1750 Feet From The South Line and 800 Feet From The East				
	Line of Section 25 Township 31N Range 11W , NMPM, San Juan County				
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate 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 or Dry Gas X		Box 990, Farmington, New Mexico 87401 Address (Give address to which approved copy of this form is to be sent)		
	El Paso Natural Gas Company		Box 990, Farmington, New Mexico 87401		
	If well produces oil or liquids, Unit Sec. Twp. Age. Is gas actually connected? When give location of tanks.				
	<u> </u>	this production is commingled with that from any other lease or pool, give commingling order number:			
	Designate Type of Completic	$\operatorname{On} = (X)$ Oil Well Gas Well \mathbf{X}	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	3-28-71 Elevations (DF, RKB, RT, GR, etc.)	4-20-71 Name of Producing Formation	2743' Top XXX Gas Pay	2732' Tubing Depth	
	KX 5928' GL	Pictured Cliffs	2590'	Tubingless Completion Depth Casing Shoe	
	2590-2606', 2616-32' 2743				
	HOLE SIZE	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT	
	12 1/4"	8 5/8"	141'	185 Sks.	
	6 3/4"	2 7/8"	2743'	255 Sks.	
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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 li	ift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
			<u> </u>		
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	3232 Testing Method (pitot, back pr.)	3 Hours Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Calculated A. O. F.		880	3/4"	
VI.				ATION COMMISSION	
	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.		APPROVED MAY, 39 1971		
			BY_Original Signed by Emery C. Arnold TITLESUPERVISOR DIST. 978		
	イド m. Y Migrad 5 地 製COD			compliance with RULE 1104.	
	(Signature)		well, this form must be accomps tests taken on the well in acco	wable for a newly drilled or deepened anied by a tabulation of the deviation rdance with RULE 111.	
	Petroleum Engineer (Title)		All sections of this form my	ast be filled out completely for allow-	
	April 29, 1971		able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,		
	(Date)		weil name or number, or transpor Separate Forms C-104 mus	ter, or other such change of condition. It be filed for each pool in multiply	
			completed wells.		