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NO. OF COPIES RECI	5			
DISTRIBUTIO				
SANTA FE	1			
FILE	1	2		
u.s.g.s.				
LAND OFFICE				
IRANSPORTER	OIL	1		
	GAS			
		T -	$\Box$	

## NEW MEXICO OIL CONSERVATION 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

IRANSPORTER	GAS	/	$\dashv$											
OPERATOR		1												
PRORATION OFF	ICE							<del>-</del>						
Operator El Paso N	atura	1 Ga	s Co	mpa	ınv								ł	
Address					<u></u>				· · · · · · · · · · · · · · · · · · ·		<del></del>	<del> </del>		
PO Box 99				1, N	IM 87	7401								
Reason(s) for filing (Check proper box)  New Well									Other (Please explain)					
New Well Recompletion				Oil		runsporter	Dry Ga	. 🗀					ĺ	
Change in Ownership	Ħ				inghead	Gas 🗔	Conden						Ì	
	<u> </u>									<del></del>				
f change of ownersh and address of previ			e 						···-	·				
DESCRIPTION OF	ะ พเรา	T. AN	n i e	ASE										
Lease Name	<u> 1122</u>	D THI	<u>D DL</u>	Wel	li No. P	ool Name,	Including Fo	ormation		Kind of Leas	ie		Lease No.	
EPNG "A"	1			<u> </u>	1	Basin	Dakota			State, Feder	of Fee	NM	12013	
Location											,			
Unit Letter	_0_	;	790	Fe	et From	TheS	outhLin	e and	2200	Feet From	The		Fast	
Line of Section	21		Townsh	ılp		32N	Range	6W	, NMPM	ı, <u>'</u>	San Juan	····	County	
	- mn -	N:070.0			O77 A	NID NIAT	TIDAT OA	c						
DESIGNATION OF Name of Authorized T						densate X		Address (	Give address	to which appro	ved copy of th	is form is t	o be sent)	
El Paso N	latura	l Ga	s Co	mpa	ınγ				PO B	lox 990, 1	armingto	on, NM	87401	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X				Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM 87401										
El Paso N	atura	1 Ga					<del>- 12</del>	ļ				n, NW	8/401	
If well produces oil o give location of tanks		8,	Un	111 O	; Sec. ! 21	Twp.	P.ge.	ls gas act	tually connect	ed?   WI	nen			
f this production is	commi	ngled			- 4			give comm	ingling order	r number:				
COMPLETION DA						Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res	v. Diff. Res'v.	
Designate Type	e of C	omple	tion -	- (X)	1		X	X	į.			<u>.</u>		
Date Spudded			Do	ite Co	mpl. Red	idy to Prod	ī.	Total Dep	oth		P.B.T.D.			
11-11-71						1-12-			8146	<u> </u>	T		.36	
Elevations (DF, RKB) 6420'GL	, RT, G	R, etc	.j   No	ime of	Product	ng Formati Dakot		Тор 💥 🗸 /С	7898 7898	<b>\</b>	Tubing Dep	_	ompletion	
Perforations											Depth Casi	ng Shoe		
7898-7910	)', 79	43-5	53', '	<u> 7963</u>	;-75',	8010-	18', 802	6-34', 8	8052-62'			81	.46'	
								CEMENT	ING RECOR					
HOLE 5	SIZE			CA	ISING &	9 5/8		İ	310		S/	ACKS CEN	5. sks.	
13 3/4"						7"	<u> </u>		3407		<del> </del>		30 sks.	
8 3/4"						4 1/2	)11		7496		<del></del>			
6 1/4"				-,		$\frac{4}{2}\frac{1/2}{7/8}$		ļ	8146		<del> </del>		50 sks.	
3 7/8" TEST DATA AND	PEOI	TEST	FOR	ALI	OWARI			ter recover			and must be e		xceed top allow-	
OIL WELL	KEQ	JEGI				abl	e for this de	pth or be fo	ir full 24 hours	i <u>/</u>			5353.64	
Date First New Oil R	un To T	dnks	Do	ate of	Test			Producing	Method (Flou	v, pump, gas l	ift, etc.)	بياد المدي ساء الأ	ا ﴿ الْمُتَّامِدُ اللَّهُ اللّ	
Length of Test	t Tubing Pressure			Casing Pressure		Choke Size	Choke Size JAN 2 6 1972							
Langth of lest				ibility i	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						\		1	
Actual Prod. During 7	Fest		01	i - Bbi	•.			Water - Bb	le.		Gas · MGF(	DIL CON	· / 1	
												DIST	.3	
GAS WELL														
Actual Prod. Test-M	CF/D		Le	ngth (	of Test			Bbis. Con	densate/MMC	F	Gravity of	Condensate		
329 AOF						3 hrs	S				<u>, ,</u>			
Testing Method (pitot		pr.)	Tu	ibing i	ewsen5	(Shut-in	• )	Casing Pr	ressure <b>(Shut</b> 2684	-	Choke Size	variable	9	
Calc. AC		1011	NCE								ATION COI			
CERTIFICATE OF	r COM	IE LAIF	MUL						<b>V.</b> -			^		
hereby certify that the rules and regulations of the Oil Conservation				APPROVED JAN 26 1972 , 19										
Commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		BY Guy Clive												
Dove is true and complete to the Best of thy knowledge and belief.			STERRY ISOR DIST. #3											
			TITLE SUPERVISOR DIST. #3											
El W. Greekes						compliance								
			realists a request for allowable for a newly drilled or despened											
			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.											
Perroleum Engineer (Title)				All sections of this form must be filled out completely for this was able on new and recompleted wells.										
Tables 1997	्द् 1		( : :::6/					·	11 only	Santians T	II III and i	T for the	owner,	
Tarox 2y 15 1972 (Date)					Fill out only Sections I. H. III, and VI for the owner, well name or number, or transporter, or other such a sur, contition.									

B. Watte Forms C-104 must be filled to and the second of the