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DISTRIBUTION			
SANTA FE		/	
FILE		1	6
U.S.G.S.		<u> </u>	<u> </u>
LAND OFFICE			L
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR] /	<u></u>
PRORATION OFFICE			1

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۲-	NO. OF COPIES RECEIVED 5					
-	DISTRIBUTION		NSERVATION COMMISSION	Form C+104		
17	SANTA FE /	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
1	FILE 1 L	AND				
-	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL	GAS		
	LAND OFFICE					
	TRANSPORTER OIL /					
-	GAS /					
l.,	OPERATOR /					
· 1_	PRORATION OFFICE					
1	El Paso Natural Gas Company					
-	Address					
-	PO Box 990, Farmington, NM 87401					
-	Reason(s) for filing (Check proper box)					
	New We!! X Change in Transporter of:					
	Recompletion Oil Dry Gas					
L	Change in Ownership Casinghead Gas Condensate					
•	f change of ownership give name					
	ind address of previous owner					
	PROPERTIES OF WELL AND I	FASE		L Mo		
11. <u>1</u>	DESCRIPTION OF WELL AND L	Well 140. FOO! 14dille) 11101-1119		1		
Ì	Case	13 Aztec Pictured	d Cliffs State, (Fed	eral or Fee SF 078095		
ł	Location			Fact		
	Unit Letter A : 1180	Feet From The North Line	and 800 Feet Fro	om The East		
ı	Onit Letter		11W NMPM.	San Juan County		
	Line of Section 19 Town	ship 31N Range	TTW , NMPM,			
1		THE SAME NAMED AT CA	e			
11.	DESIGNATION OF TRANSPORT	or Condensate X	Address (Give address to which ap	proved copy of this form is to be sent)		
	Name of Authorized Transporter of Oil El Paso Natural Ga	s Company	PO Box 990, Farmin	gton, NM 87401		
			hadren (Cine address to which at	Address (Give address to which approved copy of this form is to be sent)		
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Company			PO Box 990, Farmington, NM 87401		
	Unit Sec. Twp. P.ge. Is gas actually connected,			When		
	If well produces oil or liquids,	A 19 31N 11W		l L		
	If this production is commingled with	that from any other lease or pool,	give commingling order number:			
w	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
		Oil Well Gas Well	1 Man West			
	Designate Type of Completion		X Total Depth	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod. 8-8-72	2777'	2767'		
	7-9-72	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Pictured Cliffs	2620'	tubingless		
	6054'GL	rictured Cities		Depth Casing Shoe		
	Perforations 2777'					
	2020-2040	TUBING, CASING, AN	D CEMENTING RECORD	ALOVA SEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	sacks cement 107 cu. ft.		
	12 1/4"	8 5/8"	140' 2777'	603 cu. ft.		
	7 7/8" & 6 3/4"	2 7/8"	2111			
		tubingless				
		1	A second control of loss	d oil and must be equal to or exceed top allow		
v	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be able for this d	enth of De for full 24 hours?			
,	OIL WELL	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)		
	Date First New Oil Hun To Tanks	Date First New Oil Run To Tanks Date of Test		- /RILIVID		
	Tubing Pressure		Casing Pressure	Choke Size LULIV LL		
	Length of Test			Gas-MCFAUG 1 4 1972		
	Actual Prod. During Test	Oil-Bbis.	Water-Bbis.	Gas-MCFAUG 1 4 19/2		
	Actual 1 tour Section 1			OIL CON. COM.		
	l	DIST. 3				
	GAS WELL		Table Condenses ANCE	Gravity of Combanada		
	Actual Prod. Test-MCF/D	Length of Test Bbis. Condensate/MMCF Gravity of Condensate				
	458	3 hours	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	690	3/4"		
	Calc. AOF	alc. AOF tubingless OIL CONSERVATION COMMISSION				
1/	VI. CERTIFICATE OF COMPLIANCE			AUC 1 4 1972		
", Quarter			AUG 14 1972 19			

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.

Petroleum Engineer August 11, 1972

(Date)

APPROVED_ Original Signed by A. R. Kendrick

PETROLEUM ENGINEER DIST. NO. 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 sllow-able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of numer, 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.