NO. OF COPIES RECEIVED		5	
DISTRIBUTION			
SANTA FE		/	
FILE		1	۷
U.S.G.S.		<u> </u>	
LAND OFFICE			
	OIL	/	
TRANSPORTER	GAS		
OPERATOR		/	
PRORATION OFFICE			

t	DISTRIBUTION	NEW MEXICO OIL CON	SERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110				
-	SANTA FE		OR ALLOWABLE	Effective 1-1-65				
-	U.S.G.S.		SPORT OIL AND NATURAL GAS	<b>S</b>				
ł	LAND OFFICE	AO MOMENTE CONTRACTOR OF THE C						
	TRANSPORTER OIL /							
	GAS /							
	PRORATION OFFICE							
ı.	Operator	-						
	El Paso Natural Gas Con	mpany						
	PO Box 990, Farmington	, NM 87401	Other (Please explain)					
	Reason(s) for filing (Check proper box)		Other (Please explain)					
	New Well	Change in Transporter of: Oil Dry Gas						
	Recompletion Change in Ownership	Casinghead Gas Condenso	ate 🗍					
	If change of ownership give name							
	and address of previous owner							
11.	DESCRIPTION OF WELL AND LI	EASE  Well No.: Pool Name, Including Form	mation Kind of Lease	Lease No.				
	San Juan 32-9 Unit	32-Y Blanco Mesa Ve		r Fee SF 078509				
	Location	South	and 850 Feet From Th	West				
	Unit Letter N; 990		and					
	Line of Section 31 Town	ship 32-N Range	9-W , NMPM, Sai	1 Juan County				
***	. DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approve	d copy of this form is to be sent)				
111	Name of Authorized Transporter of Off		PO Box 990. Farn	nington, NM 87401				
	El Paso Natural Gas Co	ompany  nghead Gas or Dry Gas X	Address (Give address to which approve	ed copy of this form is to be sent)				
	El Paso Natural Gas Co	ompany	PO Box 990, Farm	nington, NM 87401				
	If well produces oil or liquids,	Unit Sec. 1 COM	Is gas actually connected? When					
	give location of tanks.  If this production is commingled with	1	give commingling order number:					
IV	If this production is commingled with COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.				
	Designate Type of Completion		X					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. 6299'				
	6-29-72 Elevations (DF, RKB, RT, GR, etc.)	7-24-72 Name of Producing Formation	6311' Top @1/Gas Pay	Tubing Depth				
			5502'	6179' Depth Casing Shoe				
	5502-10' 5524-	Mesa verde 30', 5544-52', 5566-72', 5	,898-5910°, 592 <b>4-</b> 52°, N'	6311'				
	5944-56', 5974-86', 6	004-24', 6050-58', 6160-8	CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	sacks cement 130 cu. ft.				
	13"	9 5/8"	139' 3962'	425 cu. ft.				
	8 3/4"	7"	3902 3820-6311'	450 cu. ft.				
•	6 1/4"	4 1/2" liner 2 3/8"	6179'	tubing.				
	V TEST DATA AND REQUEST F	<u> </u>	ifter recovery of total volume of load oil	and must be equal to or exceed top allow-				
	V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Oil Run To Tanks  Date of Test  Other							
	Date First New Oil Run 10 1 and		Casing Pressure	Choke Size				
	Length of Test	Tubing Pressure	Custing Pressure	KILLIAED				
	Actual Prod. During Test	Oli-Bbis.	Water-Bbls.	Gas-MCF				
			1	AUG I WILL				
	GAS WELL		Table Continues And Ca	Gravity of Condenses 3				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	51.3				
	10,331 Testing Method (pitot, back pr.)	3 hours Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
	Calc. AOF	543	876	ATION COMMISSION				
	VI. CERTIFICATE OF COMPLIAN	ICE						
	and the state and	regulations of the Oil Conservation	APPROVED	· · · · · · · · · · · · · · · · · · ·				
	Commission have been complied	with and that the information given the best of my knowledge and belief.	BY Original Signed by A. R. Kendrick					
	Commission have been complied with and that the information above is true and complete to the best of my knowledge and belief.		TITLE PETROLEUM ENGINEER DIST. NO. 3					
	This form is to be filed in compliance with RULE 1104.			compliance with RULE 1104.				
	If this is a request for silowable for a newly affiled or deeple			wable for a newly drilled or despendence				
	•	(Signature) tests taken on the well in account to filled out completely for allow						
	(Title) sble on new and recompleted washington of			to shanges of OWDST.				
	August 3, 1972		Fill out only Sections I.	Fill out only Sections I. II. III, and VI for Change of condition.				
	Separate Forms C-104 must be filed for each poor in many			ist be filed for each pool in multiply				
			completed wells.					