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OPERATOR		1	
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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104	
Supersedes Old C-104 and C-	110
Effective 1-1-65	

	FILE / V		OR ALLOWABLE AND SPORT OIL AND NATURAL GA	Effective 1-1-65							
	LAND OFFICE										
	TRANSPORTER GAS /										
1.	OPERATOR / PRORATION OFFICE										
	El Paso Natural Gas Company Address										
	P. O. Box 990, Farming	P. O. Box 990, Farmington, New Mexico 87401									
	Reason(s) for filing (Check proper box) New We!1	Change in Transporter of:	Omer (rieuse explain)								
	Recompletion	Oil Dry Gas									
	Change in Ownership	Casinghead Gas Condense	are []								
	If change of ownership give name and address of previous owner										
11 .	DESCRIPTION OF WELL AND L	FASE Well No. Pool Name, Including For	mation Kind of Lease	1							
	Neil	14 Blanco Picture	d Cliffs Ext. State, Federal	or Fee SH 078051							
	Location 950	Feet From The North Line	and 1180 Feet From T	The East							
	Onit Letter		11-W , NMPM, San J	fuan County							
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oll	ER OF OIL AND NATURAL GAS	Address (Give address to which approv	ed copy of this form is to be sent)							
	El Paso Natural Gas C	ompany	Box 990, Farmington, Address (Give address to which approx	New Mexico red copy of this form is to be sent)							
	Name of Authorized Transporter of Cast El Paso Natural Gas C		Box 990, Farmington,	· ·							
	if well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected? Whe	en							
	give location of tanks. If this production is commingled with	A 15 31N 11W	rive commingling order number:								
IV	If this production is commingled with COMPLETION DATA		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. 2972							
	9-25-72 Elevations (DF, RKB, RT, GR, etc.)	12-4-72 Name of Producing Formation	7982 Top XXGas Pay	Tubing Depth							
	6154' GL	Pictured Cliffs	2838'	Depth Casing Shoe							
	Perforations 2838-50, 2858-64, 2878-	2838-50 2858-64 2878-84 2910-2920'									
	2030 30,2030 01,233	TUBING, CASING, AND	CEMENTING RECORD DEPTH SET	SACKS CEMENT							
	.12 1/4"	CASING & TUBING SIZE	119'	107 cu. ft.							
	6 3/4"	2 7/8"	29821	552 cu. ft.							
¥	. TEST DATA AND REQUEST FO	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to a exceed top allowable for this depth or be for full 24 hours)									
	OII. WEI.L. Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)							
		Tubing Pressure	Casing Pressure	Choke Size							
	Length of Test		Water-Bbls.	Gae-MCF							
	Actual Prod. During Test	Oil-Bbis.		CIL CON							
				DIST							
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate							
	808	3 hrs.	Casing Pressure (Shut-in)	Choke Size							
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	836	3/4"							
v	Calc. AOF I. CERTIFICATE OF COMPLIAN	CE		ATION COMMISSION							
		regulations of the Oil Conservation	APPROVED								
	I hereby certify that the rules and Commission have been complied to the	regulations of the Oil Conservation with and that the information given a heat of my knowledge and belief.	By Original Signed b	By Original Signed by A. R. Kendrick							
Commission have been compiled with and the same and the same and complete to the best of my knowledge and belief. Commission have been compiled with and the same and the s			TITLE PETROLEUM ENGINEER DIST. NO. 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.								
							<u>December 6, 1972</u>	Pate)	Fill out only Sections I. II. 111, and vi to the such change of condition. well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply		
									Separate Forms C-104 must be filed for each post of completed wells.		