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FRANSPORTER	OIL)		
	GAS	1		
OPERATOR		1.		

	SANTA FE / / / / / / / / / / / / / / / / / /	REQUEST F	DISERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL (Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
1.	OPERATOR / PRORATION OFFICE Operator El Paso Natural Gas Com	pany				
	Aggress					
PO Box 990, Farmington, NM 87401 Reason(s) for filing (Check proper box) Other (Please explain)						
	New Well	Change in Transporter of:				
	Recompletion	Oil Dry Gas				
	Change in Ownership	Casinghead Gas Condens				
	If change of ownership give name and address of previous owner					
II. DESCRIPTION OF WELL AND LEASE						
•••	Lease Name	Well No. Pool Name, Including Fo	n	-		
	Mudge Location	41 Blanco Pictureo				
	Unit Letter M ;80	O Feet From The South Line	e and 800 Feet From	The		
	Line of Section 11 Tow	nship 31N Range	11W , NMPM,	San Juan County		
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S	decouplable form is to be cent)		
Name of Authorized Transporter of Cil or Condensate X Fl Paso Natural Gas Company Address (Give address to which approved condensate X PO Box 990, Farmington, N				on, NM 87401		
	Name of Authorized Transporter of Cas		Address (Give address to which appro			
	El Paso Natural Gas Com		PO Box 990, Farmingt	ton, NM 87401		
	If well produces oil or liquids, give location of tanks.	M 11 Sec. Twp. Rge.				
IV.	If this production is commingled wit COMPLETION DATA		give commingling order number: New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Designate Type of Completio		X			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 2847'	P.B.T.D. 2836'		
	9-20-72 Elevations (DF, RKB, RT, GR, etc.)	10-12-72 Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth		
	6010'GL	Pictured Cliffs	2690'	tubingless Depth Casing Shoe		
	2690-2698', 2708-2720' and 2738-2750'			2847'		
	2000 2000 , 2000 20120 3	TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	130'	sacks cement 107 cu. ft.		
	12 1/4" 6 3/4"	2 7/8"	2847'	552 cu. ft.		
	0 0/ 1	tubingless				
v.	l and must be equal to or exceed top allow-					
	OIL WELL Date First New Cil Bun To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Siz		
	Actual Frod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF		
	Actor 7 to 1					
	GAS WELL			11. CON COL		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condendate		
	2682 Testing Method (pitot, back pr.)	3 hours Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Calc. AOF	tubingless	944	3/4"		
VI.	CERTIFICATE OF COMPLIAN	CE	OCT	ATION COMMISSION		
I hereby certify that the rules and regulations of the Oil Conservation			ADDDOVED			
		with and that the information given best of my knowledge and belief.	BY Original Signed 03	BY Original Signed by Emery C. Arnold		
	6/1/		TITLE SUPERVISOR DIST. #3			
	7/6/n/cc		If this is a request for all	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation		
	Petroleum Engineer (Sign	_(we)	well, this form must be accompanied by a tabulation of the accordance with RULE 111. All sections of this form must be filled out completely for allow			

(Tule)

(Date)

October 23, 1972

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.

Fill out only Sections I. II. III. and VI for changes of owner, well name or number or transporter, or other such change of condition.