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DISTRIBUTION			
SANTA FE FILE U.S.G.S.			
LAND OFFICE			
OIL	1		
GAS	[/_	4	A
OPERATOR			
PRORATION OFFICE			
	OIL GAS	OIL / GAS /	OIL / GAS / 4

-	DISTRIBUTION /	REQUEST F	NSERVATION COMMISSION OR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Elfective 1-1-65				
-	FILE		AND ISPORT OIL AND NATURAL GA	AS				
ŀ	U.S.G.S.	AUTHORIZATION TO TRAIN	151 5K1 612 7K12 KK15K72 6					
	TRANSPORTER OIL / GAS / JA	A						
- }	PRORATION OFFICE			·				
2.	Operator							
	El Paso Natural Gas Company							
	PO Box 990, Farmington, NM 87401							
į	Reason(s) for filing (Check proper box)	.g.co.,	Other (Please explain)					
	New We!l	Change in Transporter of:						
	Recompletion	Oil Dry Gas	$\square$					
ı L	Change in Ownership	Casinghead Gas Condens	ate					
,	If change of ownership give name							
,	and address of previous owner							
Ħ	DESCRIPTION OF WELL AND L	EASE	rmation   Kind of Lease	Lease No.				
•••	Lease Name	Well No. Pool Name, Including For 36 Aztec Pictured C	iniano.	. 674 67666				
	Mudge	13266 77662						
	Location N : 800	Feet From The South Line	and 1850 Feet From T	he West				
	Olik Better			i				
	Line of Section 21 Town	nship 31N Range	11W , NMPM,	San Juan County				
M.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which approv	ed copy of this form is to be sen!)				
	El Paso Natural Ga		PO Box 990, Farmington	NM 87401				
	Authorized Transporter of Cast	nghead Gas or Dry Gas X	Address (Give address to which approve PO Box 990, Farmington	ed copy of this form is to be sent,				
	El Paso Natural Ga	s Company	Is gas actually connected? Whe					
	If well produces oil or liquids,	Unit   Sec.   Twp.   P.ge.	is gas detadify competed?					
	give location of tanks.		eine commingling order number:					
	If this production is commingled with			Plug Back   Same Res'v. Diff. Res'v.				
IV.	COMPLETION DATA		1.10	Plug Back Same Hes.				
	Designate Type of Completio	n - (X) X	Y I I I I I I I I I I I I I I I I I I I	P.B.T.D.				
	Date Spudded 12-1-72	Date Compl. Ready to Prod. 7-3-73	2605'	2594'				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gus Pay	Tubing Depth				
	5884'GL	Pictured Cliffs	2464:	tubingless Depth Casing Shoe				
	Perforations	201 2542 501 2560 921		2605'				
	2464-76', 2492-250	08', 2542-50', 2568-82'	CEMENTING RECORD					
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	12 1/4"	8 5/8"	133'	107 cu. ft.				
	6 3/4"	2 7/8"	2605'	566 cu. ft.				
		tubingless						
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-								
V	TEST DATA AND REQUEST FO	or ALLOWABLE able for this de	oth or be for full 24 nows/					
	OII. WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)							
			Casing Pressure	Chole Man				
	Length of Test	Tubing Pressure						
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF				
	Actual 7 San Daniel			1 20 1973				
				OIL CON. COM.				
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Cranth of Chine in of				
	Actual Prod. Test-MCF/D	3 hrs.						
•	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 3/4"				
	Calc. AOF	tubingless	676					
٧ı	VI. CERTIFICATE OF COMPLIANCE		}	ATION COMMISSION				
•			APPROVED JUL 2 0 197	73				
	I hereby certify that the rules and	regulations of the Oil Conservation with and that the information given						
	I hereby certify that the rules and regulations of the information given 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 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 despend 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 need recompleted wells.					
	•	itle)		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.				
	July 18, 1973	late)	1)	-				
			Separate Forms C-104 ind	Separate Forms C-104 must be filed for each pool in multiply completed wells.				