OBSTRIBUTION CONTRACTOR CONTRACTO		CORRESPONDED COMMISSION -	
U.S.G.S. LAND OFFICE TRANSPORTED GAS	AUTHORIZATION TO TH	AND PANSPORT OIL AND NATURA	
1. PRORATION OFFICE Operator			
El Paso Natural	Gas Company		
PO Box 990, Far	mington, NM 87401		
Reason(s) for filing (Check proper New Well Recompletion Change in Ownership	Change in Transporter of:	San [1973 - never produce
If change of ownership give name	e	ersate [1]	
II. DESCRIPTION OF WELL AN			
Lease Name San Juan 32-9 U	Well No. Pool Name, Including	Formation Kind of E	
Location M 80			West
Unit Letter ;	32N	I NW	som The San Juan
Ellie of Section	rownship nange	, NMFM,	Coun
Name of Authorized Transporter of El Paso Natural	Gas Company	PO Box 990, Farmi	-
Name of Authorized Transporter of El Paso Natural	Casinghead Gas 🔲 or Dry Gas 🔀] . Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. M 23 32N 1	Is gas actually connected? NO NO	When
If this production is commingled	with that from any other lease or pool,		
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Came Resty. Diff. Re
Designate Type of Comple	Date Compl. Ready to Prod.	X Total Devith	P.B.T.D.
5-22-73	7-13-77	3894'	3883'
Elevations (DF, RKB, RT, GR, etc. 6976 GL	, Name of Producing Formation Fruitland	Top XX Cas Pay 3460'	Tubing Depth tubingless comp.
Perforations 3460-70', 3680-	90', 3710-18'		Depth Cusing Shoe 38941
		D CEMENTING RECORD	
12 1/4"	CASING & TUBING SIZE	DEPTH SET	sacks cement 140 sks.
6 1/4"	2 7/8"	38941	269 sks.
V TEST DATA AND DECHEST	EOD ALLOWADIE (T.		
V. TEST DATA AND REQUEST OIL WELL Date First New Oil Bun To Tanks	able for this d	epth or be for full 24 hours)	oil and must be equal to or exceed top al
Date First New Oil Hun 10 Janks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Water - Bbls.	Gan-MCF
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
		1286	
71. CERTIFICATE OF COMPLIA	•	OIL CONSER	VATION COMMISSION
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. (Signature)		ORIGINAL SIGNED BY N. E. MAXWELL, JR. TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat testa taken on the well in accordance with RULE 111.	

All sections of this form must be filled out completely for allo able 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 conditions and the filled for any conditions with the filled for any conditions with the filled for any conditions.

Drilling Clerk (Title)

July 18, 1977 (Date)