•	SANTAFE	REQUEST	ODSTRVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL (Form C-104 Supersedes Old C-104 and C-118 Effective 1-1-65	
	El Paso Natural Gas Company				
	Box 990, Farmington, New Mexico 87401				
	Reason(s) for fing 1Check proper box New Well Recompletion Change in Ownership		7=-5		
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND LEASE				
	Lease Name Thurston	Well No. Pool Name, Including F	ed Cliffs Ext. State, Federa	2,111	
Location 1100 Fact				Fast	
	Line of Section 31 To	wnship 31-N Range	11-W , ммрм, Sa;	n Juan County	
III.	DESIGNATION OF TRANSPOR	ESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent)			
	El Paso Natural Gas	Company	Box 990, Farmington, New Mexico 87401 Address (Give address to which approved copy of this form is to be sent)		
	El Paso Natural Gas		Box 990, Farmington	n, New Mexico 87401	
	If well produces oil or liquids, quie location of tanks. A 31 31-N 11-W				
IV.	Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Dift. Hesty.	
	Date Spudded	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.	
	1-25-74 Elevations (DF, RKB, RT, GR, etc.,	3-26-74 Name of Producing Formation	2406 ¹ Top €15/Gas Pay	2395! Tubing Depth	
	5827'GL	Pictured Cliffs		Tubingless Depth Casing Shee	
	Perforations 2314-30 *	2314-30'			
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT	
	12 1/4"	8 5/8"	131!	283 cu.ft. 737 cu.ft.	
	7 7/8" & 6 3/4"	2 7/8" Tubingless	2406!		
v	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total unique of lead oil and must be equal to or exceed top allowable for this depth or be for full 22 for				
•	OIL WELL Date First New Cil Run To Tanks	able for this de	Producing Memody Pour supplies in		
	Length of Test	Tubing Pressure	Casing Frees to 1914	Choke Size	
	Actual Prod, During Test	Oil-Bblu.	Water-Bold. 15	Gas - MCF	
		OIL DIST. 3			
	GAS WELL Actual Prod. Test-MOF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	6.00 Testing Method (pitot, back pr.)	3 hours Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Cheke Size	
	Calc. A.O.F.	I tested Pressure (Shute-In)	526	3/4"	
VI.	. CERTIFICATE OF COMPLIANCE		OIL CONSERVA	TION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		Original Signed by Enery C. Arnold		
	Commission have been complied to the above is true and complete to the	best of my knowledge and belief.	TITLE 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 walls. 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. Separate Forms C-104 must be filed for each pool in multiply completed wells		
	A. 9. 340				
	(Sign Drilling	atwe) Clerk			
	(Ti	tle)			
	4-4- ^(D)	/4 2(e)			