NO. OF COPIES RECEIVED			5	
DISTRIBUTION				
SANTA FE		1		
FILE		I	-	
U.S.G.S.		Ľ	L.	
LAND OFFICE		L		
IMANSPORTER	OIL			
	GAS	1		
OPERATOR		1/		
PRORATION OFFICE				

ļ	DISTRIBUTION		NSERVATION COMMISSION	Form C-104		
-	SANTA FE /		OR ALLOWABLE	Supersedes Old C-104 and C-110 Elloctive 1-1-65		
ŀ	FILE		AND	A.C.		
ļ	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL G	A3		
ł	LAND OFFICE		•			
	THANSPORTER GAS /					
ŀ	OPERATOR /					
. 1	PRORATION OFFICE					
1.	Operator					
	El Paso Natural Ga	s Company				
l	Address					
	PO Box 990, Farmi	ngton, NM 87401				
1	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	ate []			
	If change of ownership give name and address of previous owner					
П.	DESCRIPTION OF WELL AND L	Well No. Pool Name, Including For	mation Kind of Lease	Lease No.		
	Lease Name			SF 078914		
	Lindrith Unit	76 So. Blanco Pictur	ed Clais 277.	<u> </u>		
	Location		1710 - 5 - 5	The West		
	Unit Letter K ; 149	Feet From The South Line	and 1/1() Feet from	The West		
	Line of Section 25 Town	nship 24N Range	3W , NMPM,	Rio Arriba County		
	Line of Section 23 Town	nship Z41V Range				
		ED OF OU AND NATURAL GAS	5			
m.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil					
	El Paso Natural Ga		PO Box 990, Fa	rmington, NM 87401		
	Name of Authorized Transporter of Cast	nghead Gas or Dry Gas X	Address (Give address to which appro	ved copy of this form is to be sent)		
	El Paso Natural G	as Company	PO Box 990, Fa	armington, NM 87401		
		Unit Sec. Twp. P.ge.	Is gas actually connected? Wh	en		
	If well produces oil or liquids, give location of tanks.	K 25 24N 3W				
	If this production is commingled with	shot from any other lease or pool.	zive commingling order number:			
TV.	If this production is commingled with COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.		
14.			New Well Workover Deepen	Plug Back Same Resv. Dill. Res v.		
	Designate Type of Completio		X	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	3280'		
	6-19-73	8-27-73	3291' Top Ox1/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		tubingless		
	7201'GL	Pictured Cliffs	3178'	Depth Casing Shoe		
	Perforations 3178-88', 3200-06	5' and 3218-30'		3291'		
	3178-88 , 3200 00		CEMENTING RECORD			
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	HOLE SIZE	8 5/8"	124'	106 cu.ft.		
	12 1/4"	2 7/8"	3291'	219 cu.ft.		
	7 7/8" & 6 3/4"	tuhingless				
		ī ·				
	V. 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 able for this depth or be for full 24 hours)					
V	OIL WELL					
	OII. WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			Myr, etc.)		
				Chok Size		
	Length of Test	Tubing Pressure	Casing Pressure	S7 5		
			Water-Bbis.	Gas MCF		
	Actual Prod. During Test	Oil-Bbls.	water - Sbie.			
		<u> </u>		- VOIL COM		
	· <u></u>			DIST. 3		
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D 1762	3 hrs.				
	1	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (picot, back pr.) Calc. AOF	tubingless	884	3/4"		
		<u> </u>	OIL CONSERV	ATION COMMISSION		
V	I. CERTIFICATE OF COMPLIAN	CE	1			
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED SEP 6 19/3 19			
	I hereby certify that the rules and	with and that the information given	By Original Signed by	y Emery C. Arnold		
	Commission have been complied with and that knowledge and belief. above is true and complete to the best of my knowledge and belief. (Signature)		BY James HICON MINES AC			
			TITLE SUPERVISOR DIS			
			This form is to be filed i	This form is to be filed in compliance with RULE 1104.		
			ll			
	My Franke in	nature)	well, this form must be accompanied by a tabuscut the well in accordance with RULE 111.			
	Drilling Clerk (Title)		All sections of this form must be filled out completely for shows the on new and recompleted wells.			
	September 5, 19		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			
	September 3, 17	(ate)				
	·		Separate Forms C-104 m			
			** *********			

