			1
NO. OF COPIES REC		0	
DISTRIBUTION	and the same		
SANTA FE	1		
FILE	1	سد	
U.S.G.S.			
LAND OFFICE			
[RANSPORTER	OIL		
	GAS		
OPERATOR	3		
PRORATION OF	1		
		•	

	DISTRIBUTION SANTA FE	REQUEST FOR ALLOWABLE AND						Form C-104 Supersedes Old C-104 and C-110			
-	FILE U.S.G.S.							TUDAL C	Effective 1-1	1-65	
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL							AS		
-	TRANSPORTER	)IL SAS									
	OPERATOR		3								
2 ·	PRORATION OFFIC	E	1			<del></del>					
	perator	<b>.</b>									
7	El Paso Natural Gas Company										
F	Box 990, Fa			n, New Mexico		0	other (Please ex	plain)			
	New Well			Change in Tra	nsporter of:						
1	Recompletion			Oil	Dry Ga	s					
(	Change in Ownership			Casinghead G	ds Conder	isate	Packer	Repair			
	change of ownership										
	nd address of previou			N FACE							
_	DESCRIPTION OF Lease Name	WELI	L AINI	J LEASE	Well No. Pool Na	me, Including	Formation		Kind of Lease		
	San Juan 2	7-5	Unit		69(107) Blan	co Mesa	Verde		State, Federal or Fe	e Federal	
1	Location A		1	090 Feet From Th	North		990	Feet From 7	The <b>Fast</b>		
	Unit Letter		; <b>_</b>		ie Hol ou		22 <u>0</u>				
	Line of Section	7	, -	ownship 27N	Range	5W	, NMPM,	Rio .	Arriba	County	
III. D	DESIGNATION OF	TRA	NSPO	RTER OF OIL AN	D NATURAL GA	ıs				· · · · · · · · · · · · · · · · · · ·	
	Name of Authorized Tro	anspor	ter of C	or Conde	nsate	Address (G	ive address to t	vhich approt	ved copy of this form i	s to be sent)	
-	Name of Authorized Tro	unspor	ter of (	Casinghead Gas	singhead Gas or Dry Gas			Address (Give address to which approved copy of this form is to be sent			
	If well produces oil or :	liquids	s,	Unit Sec.	Twp. Rge.	Is gas actu	ally connected?	Whe	en		
L.,	give location of tanks.			· · · · · · · · · · · · · · · · · · ·				<del> </del>			
	f this production is c COMPLETION DAT		ngled			give commi		Deepen	Plug Back Same F	Res'v. Diff. Res'v.	
	Designate Type	of Co	omple	tion = (X)	en Gas wen	I Mew Mell	Pkr Rep	Deepen	Y and X	1	
-	Date Spudded			Date Compl. Read		Total Dept	<del></del>		DOKT.D.	<u>,                                      </u>	
	5-28-62			6-28-62			7900		<b>∞</b> 78	350	
	Pool	. 17-		Name of Producing		Top XX/G	rs Pay ( <b>Perfs</b> )		Tubing Depth 5726		
-	Blanco Mesu	r ve	rue	re sa	AGLOG	7033	(Lerra)		Depth Casing Shoe		
	5099-5103, 512	21-2	5, 5					, 5702-	<b>0</b> 6	7900'	
					ING, CASING, AN	D CEMENTI			SACKS C	EMENT	
	HOLE SI	ZE		9 5/8"	TUBING SIZE	293	DEPTH SET		200	EMENI	
-	13 3/4" 8 3/4"			4 1/2"			? <del>-</del> 7900		555		
	7 7/8"			5 1/2"		5832					
-	1 17			1 1/4"		5726			M. V. Tubi	ng	
<b>v</b> . 1	TEST DATA AND	REQU	UEST		E (Test must be c	ifter recovery	of total volume	of load oil	and must be equal to	or exceed top allow-	
9	OIL WELL able for this de						Method (Flow, )	oump, gas li	ft, etc.)		
	Date ! Hat New OH ING.										
	Length of Test			Tubing Pressure		Casing Pre	essure		Chr. Reul	Irm /	
-	Actual Prod. During Te	est		Oil-Bbls.		Water - Bbl	s.		G s-MCF JAN11	1962	
					<u> </u>				The CON. COM		
	GAS WELL								DIS	т. 3	
Γ	Actual Prod. Test-MC	CF/D		Length of Test		Bbls. Cond	densate/MMCF		Gravity of Condens	ate	
	4778 MCF/D			3 Hours		Carina Pa			Choke Size		
	Testing Method (pitot,	back	pr.)	Tubing Pressure	7	Casing Pre	88 <b>4</b>		3/4"		
_	Open Flow 867							NSERVA	ATION COMMISS	ION	
VI.	VI. CERTIFICATE OF COMPLIANCE					JAN 11 1964					
]	I hereby certify that the rules and regulations of the Oil Conservation						BY Original Signed Emery C. Arnold				
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						BY_O					
						TITLESupervisor Dist. # 3					
	OR G'NAL SIGNED E.S. OBERLY  (Signature)  Petroleum Engineer  (Title)					Thi	is form is to b	e filed in	compliance with Ru		
						16 .	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 wells.				
						tests ta					
-						All able on					
	January 6, 1965						Fill out Sections I, II, III, and VI only for changes of owner well name or number, or transporter, or other such change of condition				
				(Date)		· well na	me or mamber,	or craimabou		_	

Separate Forms C-104 must be filed for each pool in multiply completed wells.