OBTRICKARO NEW ME HOO OIL CONCERVATION COMMISSION Form C -104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILL Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS U.S.G.S. LAND OFFICE OIL **IRANSPORTER** GAS 1 OPERATOR PRORATION OFFICE El Paso Natural Gas Company Box 990, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Condensate Casinghead Gas If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Well No.: Pool Name, Including Formation Kind of Lease Lease No. State, <u>Federal</u> or Fee 080670 San Juan 27-4 Unit 65 Tapacito Pictured Cliffs SF ,_1760 Feet From The North Line and 830 West Unit Letter ___E Feet From The , NMPM, Line of Section 30 27N 4W Township Rio Arriba County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate 💢 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Box 990, Farmington, New Mexico 87401 Address (Give address to which approved copy of this form is to be sent) Paso Natural Gas Company Name of Authorized Transporter of Casinghead Gas or Dry Gas XX Northwest Pipeline Corporation 501 Airport Drive, Farmington, New Mexico 87401 Unit Twp. P.ge. Is gas actually connected? If well produces oil or liquids, give location of tanks. 30 27N 4W If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well New Well Workover Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE SACKS CEMENT DEPTH SET HOLE SIZE (Test must be after recovery of total volume of the pilone must be equal to or exceed top allowable for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Blow, Tubing Pressure Casing Pressure Length of Test CON. Oil-Bbls. Water - Bbls. Actual Prod. During Test COM" DIST ' GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION 5 1974 MAR _ . 19 . APPROVED. 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. Original Signed by Emery C. Arnold

VI. CERTIFICATE OF COMPLIANCE

Drilling Clerk

SUPERVISOR DIST. #3

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 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 condition.

Separate Forms C-104 must be filed for each pool in multiply ompleted vielle........

March 4, 1974 (Date)

(Signature)

(Title)