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OPERATOR		2	
PRORATION OF	ICE		

SANTA FE
AND   Effective 1-1-65     U.S.G.S.   LAND OFFICE   LAND OFFICE     I RANSPORTER   GAS       OPERATOR         OPERATOR         PRORATION OFFICE       Coperator   Ell Paso Natural Gas Company     Address   Box 990, Farmington, New Mexico     Recompletion   City   Change in Transporter of:     Change in Ownership   Casinghead Gas   Condensate   Condensate     If change of ownership give name and address of previous owner     II. DESCRIPTION OF WELL AND LEASE   Well No.   Pool Name, Including Formation     Change in Ownership   State, Marie   Casinghead Gas   Condensate     Change in Ownership   Casinghead Gas   Condensate   Casinghead Gas   Condensate     II. DESCRIPTION OF WELL AND LEASE   Well No.   Pool Name, Including Formation     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     Change of ownership give name   State, Marie of Lease   St
LAND OFFICE  I RANSPORTER OIL / GAS / OPERATOR OFFICE  PRORATION OFFICE  PRORATION OFFICE  Coperator  El Paso Natural Gas Company  Address  Box 990, Farmington, New Mexico  Recson(s) for filing (Check proper box)  New Well
I PRORATION OFFICE  PROPERTOR  PROSON(S) for filing (Check proper box)  Change in Transporter of:  Change in Transporter of:  Change in Ownership give name and address of previous owner  If change of ownership give name and address of previous owner  II. DESCRIPTION OF WELL AND LEASE  Lease Name  Huerfanito Unit  PO(MV)  Proof Nime, Including Formation  Planco Mesa Verde  State, Practice From The  State, Practice From The  Line of Section  Into Letter  Propertor  Prope
DERATION OPERATOR OPERATOR PRORATION OFFICE Cperitor El Paso Natural Gas Company Address Box 990, Farmington, New Mexico  Reason(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion Change in Ownership Casinghead Gas Condensate  If change of ownership give name and address of previous owner  II. DESCRIPTION OF WELL AND LEASE Less Native Hiterfanito Unit DO(NV) Reason State, Maderal Gas Company  North Line of Section  I Township  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Lubriced Transporter of Coil  Or Condensate  Sadyess (Give address to which approved copy of this form is to be s El Paso Natural Gas Company  Name of Lubriced Transporter of Costinghead Gas  Or Dry Gas  Address (Give address to which approved copy of this form is to be s El Paso Natural Gas Company  Name of Lubriced Transporter of Castinghead Gas  Or Dry Gas  Address (Give address to which approved copy of this form is to be s El Paso Natural Gas Company  Name of Lubriced Transporter of Castinghead Gas  Or Dry Gas  Fil Paso Natural Gas Company  Name of Lubriced Transporter of Castinghead Gas  Or Dry Gas  Fil Paso Natural Gas Company  Name of Lubriced Transporter of Castinghead Gas  Or Dry Gas  Fil Paso Natural Gas Company  Name of Lubriced Transporter of Castinghead Gas  Or Dry Gas  Fil Paso Natural Gas Company  Name of Lubriced Transporter of Castinghead Gas  Or Dry Gas  Fil Paso Natural Gas Company  Name of Lubriced Transporter of Castinghead Gas  Or Dry Gas  Fil Paso Natural Gas Company  Name of Lubriced Transporter of Castinghead Gas  Or Dry Gas  Fil Paso Natural Gas Company  Name of Lubriced Transporter of Castinghead Gas  Or Dry Gas  Fil Paso Natural Gas Company  Name of Lubriced Transporter of Castinghead Gas  Or Dry Gas  Fil Paso Natural Gas Company  Name of Lubriced Transporter of Castinghead Gas  Or Dry Gas  Fil Paso Natural Gas Company  Name of Lubriced Transporter of Castinghead Gas  Or Dry Gas  Fil Paso Natural Gas Company
PRORATION OFFICE  Paso Natural Gas Company  Address  Box 990, Farmington, New Mexico  Reason(s) for filing (Check proper box)  New Well
Paso Natural Gas Company   Address   Box 990, Farmington, New Mexico
El Paso Natural Gas Company  Address Box 990, Farmington, New Mexico  Reason(s) for filing (Check proper box) New Weil Recompletion Change in Ownership Casinghead Gas Condensate  If change of ownership give name and address of previous owner  II. DESCRIPTION OF WELL AND LEASE  Lease Nature Huerfanito Unit DO(NV) Blanco Mesa Verde State, Marel Line of Section  In the control of t
Reason(s) for filing (Check proper box) New Well Recompletion Change in Transporter of: Change in Ownership Casinghead Gas Condensate  If change of ownership give name and address of previous owner  II. DESCRIPTION OF WELL AND LEASE Lease Name Huerfanito Unit Do(NV) Blanco Mesa Verde State, Fideral or Fee  Line of Section  The North Line and Line of Section  Name of Authorized Transporter of Oil Feet From The Condensate  Page Name of Authorized Transporter of Casinghead Gas  Name of Authorized
Reason(s) for filling (Check proper box)  New Well  Recompletion  Change in Transporter of:  Recompletion  Change in Ownership  If change of ownership give name and address of previous owner  II. DESCRIPTION OF WELL AND LEASE  Lease Name  Huerfanito Unit  Doy My  Blanco Mesa Verde  State, Fideral or Fee  Line of Section  I, Township  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate  Name of Authorized Transporter of Casinghead Gas  Name o
Change in Transporter of:   Recompletion
Recompletion
If change of ownership give name and address of previous owner  II. DESCRIPTION OF WELL AND LEASE  Lease Name   Well No.   Pool Name, Including Formation   Kind of Lease   State, Fideral or Fee    Location   B
II. DESCRIPTION OF WELL AND LEASE  Lease Name  Huerfanito Unit  Description Of Well And Lease  Location  Unit Letter  B  Unit Letter  B  Unit Letter  B  Unit Letter  B  Unit Letter  Correction  Unit Letter  B  Unit Letter  Correction
Lease Name   Lease Name   Lease Name   Lease Name   Line or Section   Line or Section   Line or Section   Line or Section   Township   Line or Condensate   Line or Authorized Transporter of Casinghead Gas or Dry Gas   Ch.   Ch
Lease Name   Hiterfanito Unit   DO(MV)   Pool Name, Including Formation   Kind of Lease   State, Fideral or Fee
Location  B Unit Letter  B Yest From The Yest From The Line and Yest From The Yest From The Line and Yest From The
Unit Letter B ; 990 Feet From The North Line and 1750 Feet From The Line and 1750 Feet
Line of Section 1 , Township 26N Range 9W , NMPM, San Juan  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Box 990, Farmington, New Mexico  Name of Authorized Transporter of Casinghead Gas or Dry Gas Box 990, Farmington, New Mexico  Rel Paso Natural Gas Company  If well prefuces oil or liquids, Unit   Sec.   Twp.   Rge.   Is gas acqually connected?   When
Line of Section 1 , Township 26N Range 9W , NMPM, San Juan  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Box 990, Farmington, New Mexico  Name of Authorized Transporter of Casinghead Gas or Dry Gas Box 990, Farmington, New Mexico  Rel Paso Natural Gas Company  If well prefuces oil or liquids, Unit   Sec.   Twp.   Rge.   Is gas acqually connected?   When
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil  or Condensate Box 990, Farmington, New Mexico  Name of Authorized Transporter of Casinghead Gas or Dry Gas Box 990, Farmington, New Mexico  Address (Give address to which approved copy of this form is to be s  Box 990, Farmington, New Mexico  If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When
Name of Authorized Transporter of Oil or Condensate Box 990, Farmington, New Mexico  Name of Authorized Transporter of Casinghead Gas or Dry Gas  Rel Paso Natural Gas Company  Address (Give address to which approved copy of this form is to be s  Box 990, Farmington, New Mexico  Address (Give address to which approved copy of this form is to be s  Box 990, Farmington, New Mexico  If well prefuces oil or liquids,  Rege.  Is gas address to which approved copy of this form is to be s  Box 990, Farmington, New Mexico  If well prefuces oil or liquids,  Rege.  Re
Rel Paso Natural Gas Company  Name of Authorized Transporter of Casinghead Gas or Dry Gas  Fil Paso Natural Gas Company  On Dry Gas  Address (Give address to which approved copy of this form is to be s Box 990, Farmington, New Mexico  If well produces oil or liquids,  Box 990, Farmington, New Mexico  If well produces oil or liquids,  Reg. Is gas actually connected?  When
El Paso Natural Gas Company  Box 990, Farmington, New Mexico  If well preduces oil or liquids,  Box 990, Farmington, New Mexico  If well preduces oil or liquids,  Box 990, Farmington, New Mexico
it well produces off or liquids, P 1 26m Cu No.
give location of tanks.  B 1 26N 9W No
If this production is commingled with that from any other lease or pool, give commingling order number:
IV. COMPLETION DATA  Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Deepen Plug Back
Designate Type of Completion — (X)  Date Spudded  Date Compl. Ready to Prod.  Total Depth  B.T.D.
Date Spudded Date Compl. Ready to Prod. Total Depth 6590 C.0. 6590
Pool Name of Producing Formation Top On / Gas Pay Tubing Depth  Blanco Mesa Verde Mesa Verde 4307
Perforations Depth Casing Shoe
4234-38, 4248-56, 4287-95, 4305-13, 4323-27
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
15" 9.5/8" 305' 250 Sks.
7 7/8" 7" 6590' 915 cu. ft.
2 3/8" 6392 Tubing
1 1/2" 12/71 10.3
1 1/4" 4307' Tubing
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
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  (Test must be after recovery of total volume of load oil and must be equal to or exceed able for this depth or be for full 24 hours)
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
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  (Test must be after recovery of total volume of load oil and must be equal to or exceed able 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  Oxide First New Oil Run To Tanks  Date of Test  Oxide First New Oil Run To Tanks  Date of Test  Oxide First New Oil Run To Tanks
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  Date First New Oil Run To Tanks  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Choke 12
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  (Test must be after recovery of total volume of load oil and must be equal to or exceed able for this depth or be for full 24 hours)  Producing Method (Flow, pump, gas lift, etc.)  Casing Pressure  Casing Pressure
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  Date First New Oil Run To Tanks  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choic First New Oil - Bbls.  Gas - MCF  OCT 28 1965  OIL CCN. COM.
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Choice First New Oil Production Test  Casing Pressure  Casing Pressure  Choice First New Oil Production Test  Actual Prod. During Test  Oil Bbls.  GAS WELL  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity olicobuses
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  Date First New Oil Run To Tanks  Date of Test  Length of Test  Tubing Pressure  Casing Pressure  Chaster Included the control of t
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Choice First New Oil Production Test  Casing Pressure  Casing Pressure  Choice First New Oil Production Test  Actual Prod. During Test  Oil Bbls.  GAS WELL  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity olicobuses

## VI.

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.

## OR GINAL SIGNED E.S. OBERLY

	vc:	
	(Signature)	
Datmal.	num Engineer	
TENTAT	sum Engineer	

October 26, 1965

(Date)

Original Signed Emery C. Arnold

TITLE 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 Sections I, II, III, and VI only 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.