NO. OF COPIES RECEIVED			6		
DISTRIBUTION					
SANTA FE	/				
FILE	1	V			
U.\$.G.\$.					
LAND OFFICE		_			
TRANSPORTER	OIL		_		
	GAS	1			
OPERATOR	13				
PRORATION OFFICE					

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

SANTA FE		→-′	+	KEQUESI F	OR ALLOWABLE		Effective 1-1-6	5	
FILE			V		AND		_		
U.S.G.S.				AUTHORIZATION TO TRAN	ISPORT OIL AND NAT	URAL GA	5		
LAND OFF	CE		$T \perp$						
	OIL	+7	+ 1						
TRANSPOR	GAS	5 7							
OPERATOR		13							
PRORATIO	OFFICE								
Operator									
En	Paso Nat	ural	L Gas	Company				-	
Address									
Box	990. Far	mins	gton,	New Mexico					
Reason(s) for	filing (Check	k prope	er box)		Other (Please exp	lain)			
New Well				Change in Transporter of:				_	
Recompletion	F			Oil Dry Gas	Communica:	tion Rep	mair - See bac	k for	
1				Casinghead Gas Condens	sate Details				
Change in Ow	nership								
If change of	wnership g	give na	ame						
and address	of previous	owner	<i>'</i> ———						
I. DESCRIPT	ON OF WI	ELI. A	AND I	EASE		nd of Lease		Lease No.	
Lease Name	ON OI WI		2,12	Well No. Peer indire, moraling	ormutton	ite, Fe <b>ğe</b> ral i	or Fee	SF 07711	
Storey (				10 (PC) So. Blanco Pi	ctured CLIIIs Sto	ite, regelal		<u> </u>	
Location					1/50		West		
11 (1 1 21)	N		1090	O Feet From The South Line	e andF	Feet From Th	ne		
Unit Lette	·					0	3.a.	County	
Line of Se	ction 3	5	Tow	rnship 28N Range	, NMPM,	San d	Julen	County	
Line of St									
I DESIGNAT	ON OF T	RANS	PORT	TER OF OIL AND NATURAL GA	S Address (Give address to u	7 1 1	ed copy of this form is	to be sent)	
Name of Aut	orized Trans	sporter	of O11	or Condensate 🗼	,			20 00 00 00	
	Natural				Box 990, Farmin	gton, N	ew Mexico	to he sent!	
2 igme of Aut	or'zed Tran	sporter	of Cas	singhead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
	Natural				Box 990, Farmi	Box 990, Farmington, New Mexico			
			, 001	Unit Sec. Twp. Rge.	Is gas actually connected? When				
If well produ	ces oil or lic	quids,		n 35 28n 9w		 			
give location					give commingling order nu	ımber:			
If this produ	ction is cor	mming	led wit	th that from any other lease or pool,	give commingg			. Ip.// P1	
IV. COMPLET				Oil Well Gas Well	New Well Workover	Deepen	Plug Back   Same R	es'v. Diff. Res'	
Design	ite Type o	of Con	npletic	on - (X)					
Date Spudde				Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
Date Spudde	1								
Florestions	DF, RKB, R	T CR	etc	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
Lievations	)1 , I(II), IC	1, 010,	C.C.,						
Perforation							Depth Casing Shoe		
Perioration									
				TUBING, CASING, AN	D CEMENTING RECORD		<del></del>		
				CASING & TUBING SIZE	DEPTH SET		SACKS C	EMENT	
	HOLE SIZ	<u>.                                    </u>		GASING C. 132					
							<u> </u>		
							<u>i</u>		
				OD ATTOWARTE (Test must be	after recovery of total volume	of load oil	and must be equal to d	or exceed top all	
V. TEST DA	ra and r	REQU	EST F	FOR ALLOWABLE (Test must be able for this d	ienth of be jor juli 24 hours,				
OIL WEL	L New Oil Run	To To	anks	Date of Test	Producing Method (Flow,	pump, gas ii	" " IN IT N	_	
Date i not						<del></del>	CHULLIAN D	<del></del>	
Length of				Tubing Pressure	Casing Pressure	/	WALL -	\	
Length of	. 481						1000 4000	<del></del>	
	d. During Te			Oil-Bbls.	Water-Bbls.		CEDITY SOM		
Actual Pic	1. During 10						Tales CC	)(A)·	
						Ì	OIL CON. CO		
	_						1 111-		
GAS WEI	L od. Test-MC	FΛ		Length of Test	Bbls. Condensate/MMCF		Gravity of Conda	ate.	
	a. 1681-MC	עיי		3 Hours					
1989		1 1		Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in)	Choke Size		
1	ethed (pitot,				141414		3/4"		
	Calculated A.O.F. 205				OIL CONSERVATION COMMISSION				
VI. CERTIF	CATE OF	COM	iPLIA!	NCE	11				
							1 3 1966	, 19	
I hereby	ertify that	the ru	les and	d regulations of the Oil Conservation with and that the information give	on I	By Original Signed by Emery C. Arnold			
I hereby certify that the rules and regulations of the office of the Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				the best of my knowledge and belief	f. By <u>Original</u>	BY Uniqual Signed by Entery C. Tanget			
					11	SUPERVISOR DIST. #3			
					TITLE			4464	
Original signed by				iginal signed by	This form is to be filed in compliance with RULE 1104.				

Carl E. Matthews

(Signature)

(Title)

(Date)

Petroleum Engineer

September 7, 1966

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 completed wells.

## Packer Repair

7-25-66	Rigged up Reames rig #12. Pulled 1 1/4" tubing, packer, and 2 3/8" tubing.
	Re-ran 70 joints old tubing below Baker Model "N" packer set at 2421', ran 76 joints new 2 3/8", 4.7#, J-55 tubing above packer, total of 146
7 06 66	U
7-26-66	Ran 73 joints new 1 1/4", 2.25#, J-55 tubing (2336') set at 2345', SN at 2345', SN
8-15-66	Date Mesa Verde formation was tested
8-25-66	Date Pictured Cliffs formation was tested.