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J. UF CO. 12.	-• ·	1 5	Î.,
DISTRIBUTION			
ANTA FE		11	
FILE		T	-
ឋ.S.G.S.			
LAND OFFICE	ND OFFICE		
IRANSPORTER	OIL	1	
	GAS	1	
OPERATOR	$\Box i$		
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	LAND OFFICE	TO THORIZATION TO TRANSFORT OIL AND NATURAL GAS				
	TRANSPORTER OIL			-		
	GAS 1					
	OPERATOR /		•			
ı.	PRORATION OFFICE Operator		•			
	El Paso Natural Gas Company					
	Address		· _			
	P. O. Box 990, Farming					
	Reason(s) for filing (Check proper box		Other (Please explain)			
	New Well X Recompletion	Change in Transporter of: Oil Dry Ga				
	Change in Ownership	Oil Dry Ga Casinghead Gas Conder	≓ 1			
į						
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND Lease Name	LEASE Well No. Pool Name, Including Fe	ormation Kind of Lease			
	Riddle A	2A Blanco MV	State, (Federal	Lease		
	Location	ZA ZZZZZZ	75.5.7(. 55.5.5)	SF078201-		
	Unit Letter 0 ; 1	170 Feet From The S Lin	e and 1460 Feet From T	he E		
	om: Letter	<u> </u>	r cer rom r	ne		
	Line of Section 1 To	wnship 29N Range	9W , NMPM, San J	uan County		
II.	Name of Authorized Transporter of Ci-	TER OF OIL AND NATURAL GA	Address (Give address to which approv	ed copy of this form is to be sent!		
- 1		Λ	P. O. Box 990, Farming			
	El Paso Natural Gas C Name of Authorized Transporter of Ca	Singhead Gas or Dry Gas X	Address (Give address to which approv	ed copy of this form is to be sent)		
	El Paso Natural Gas C	ompany	P. O. Box 990, Farming	ton, NM 87401		
ĺ	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe			
l	give location of tanks.	0 1 29N 9W	1			
		th that from any other lease or pool,	give commingling order number:			
۷.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completion	on - (X) X.	X			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	05-11-75	12-03-75	56681	5650'		
ı	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O:X/Gas Pay 4678	Tubing Depth 5604 1		
}	6426' GL Perferations 4678', 4692', 4	MV 703', 4720', 4738', 4761	 	Depth Casing Shoe		
-	Perferations 4678, 4692, 4 4836, 4852, 4894, 5290, 5312, 5324,	70301, 472081, 473051, 4701 49801, 49881, 50051, 503 53461, 53641, 53741, 538	0', 5115', 5223', 5245', 7', 5388', 5389', 5390',	5668'		
		5476', TUBING, CASING, AND		5578', 5596', 5617'		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
ļ	13 3/4"	9 5/8"	225'	224 cu. ft.		
-	8 3/4"	7" 4 1/2" Liner	3426' 3277-5668'	339 cu. ft. 415 cu. ft.		
ŀ	6 1/4"	2 3/8"	5604'	Tbg		
י ע	TEST DATA AND REQUEST F		ter recovery of total volume of load oil a			
	OIL WELL	able for this de	pth or be for full 24 hours)	·		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)		
-	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Ì	Equipment 1491	/ 3 1 1 1 1 1 1				
ŀ	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF		
1		1 1AN 7 19	76			
•		011 2251 00				
,	GAS WELL	OIL CON. CO				
ł	Actual Prod. Teet-MCF/D	Length of Test DIST. 3	Bis. Condensate/MMCF	Gravity of Condensate		
ŀ	3333 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
ļ	Pitot	764	791			
1. (CERTIFICATE OF COMPLIAN		OIL CONSERVATION COMMISSION			
		ARREQUED JAN 8 19/p				
1	I hereby certify that the rules and regulations of the Oil Conservation OFROVED			, 19		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. BY Original Signed by A. R. Rendrick					
			ll			
(SUPERVISOR DIST. #3					
1	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepend					
-	July Jack	ature)	well, this form must be accompan-	ed by a tabulation of the deviation		
	Drilling Clerk	·	tests taken on the well in accord	ance with RULE 111.		

All sections of this form must be filled out completely for allow-