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U.S.G.S.			
LAND OFFICE		<u> </u>	
TRANSPORTER	OIL		
	GAS	/_	
OPERATOR		1	
PRORATION OFFICE			
Operator			
El Paso	Natur	al	Gas
Address			

Petroleum Engineer

August 31, 1972

(Ticle)

(Date)

	DISTRIBUTION SANTA FE / FILE / C U.S.G.S. LAND OFFICE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
1.	TRANSPORTER OIL / GAS /					
	El Paso Natural Gas Company					
	PO Box 990, Farmington, NM 87401					
	Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of:	_			
	Recompletion	OII Dry Gas				
	Change in Ownership	Casinghead Gas Condens	ate			
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND L	EASE. Well No. Pool Name, Including For	rmation Kind of Lec	Lease No.		
	Lease Name	11 Basin Dakota	State Fede	ral or Fee SF 077833-A		
	Legglop					
	N 830	Feet From The South Line	and 1840 Feet From	The West		
	Unit Letter;		OW C	an Juan County		
	Line of Section 29 Tow	nship 30N Range	9W , NMPM, S	an juan		
		CT AND NATURAL CAS	2			
111	DESIGNATION OF TRANSPORT	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Or Condensate X Address (Give address to which approved copy of this form is to be sent)				
	Name of Authorized Transporter of Cit. PO Box 990, Farmington, NM 87401					
	Name of Authorized Transporter of Cas	of Authorized Transporter of Casinghead Gas or Dry Gas X. Address (Give address to which approve		proved copy of this form is to be sent)		
	El Paso Natural Gas	GasCompany				
	Unit Sec. Twp. Pige. Is gas actually connected?					
	give location of tanks. N 29 JUN 7W					
	If this production is commingled wit	h 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. Diff. Res'v.		
	Designate Type of Completion	$\mathbf{x} = \mathbf{x}$	X			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	7-23-72	8-24-72	7253'	7239'		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top X 11/Gas Pay 6898*	7162'		
	5813'GL	Dakota	0890	Depth Casing Shoe		
	Perforations 5898-6910', 6942-48', 6998-7016', 7066-72', 7130-38', 7152-64		8'. 7152-64	7253'		
	6898-6910, 6942-48, 699	TIIRING CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	13 3/4"	9 5/8"	229'	224 cu. ft.		
	7 7/8"	4 1/2" 2 3/8"	7253' 7162'	tubing		
		OD ALLOWARD TO A TOTAL T	feer recovery of total volume of load	oil and must be equal to or exceed top allow-		
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 to able for this depth or be for full 24 hours)						
OII. WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				s 15/16, etc./		
			Casing Pressure	Choke Siz		
	Length of Test	Tubing Pressure	Cuanty Protection	CONTRACTOR OF THE PARTY OF THE		
		Oil-Bbls.	Water - Bbis.	Gas-MO		
	Actual Prod. During Test	J. 2213		1972		
				SEP LISTE		
	GAS WELL		Bbls. Condensate/MMCF	Gravey Of Eor Grande COM		
	Actual Prod. Tent-MCF/D	Length of Test	Bbis. Condensate/MMCF	DIST. 3		
	2076	3 hours Tubing Pressure (Shut-is)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	1849	2066	3/4"		
	Calc. AOF		OIL CONSERVATION COMMISSION			
1	VI. CERTIFICATE OF COMPLIA	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. APPROVED SEP 1 1972 Piginal Signed by Emery C. Arnold BY TITLE SUPERVISOR DIST #3				
	w to a character about the endem and					
	Commission have been complied					
	above is true and complete to the					
	bull					
	V.) // /	1 /	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.