palamente a como e tra e e e e e e e e e e e e e e e e e e e	general		/	
DISTRIBUTION	<u></u>		,	
SANTA FE		CONSERVATION COMMISSION	Form C-104	
FILE /	REQUEST	FOR ALLOWABLE	Supersedes Old (.40) and C-139 Effective 1-1-65	
U.S.G.S.	AUTHODITATION TO TE	AND		
LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS	
IRANSPORTER OIL				
GAS /			30-045-23908	
OPERATOR /				
PRORATION OFFICE				
Operator				
C & E Operator	s, Inc.			
	uare - Suite #170 - Dalla	s. Texas 75206		
Reason(s) for filing (Check proper b		Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry C	Gas 🔲		
Change in Ownership	Casinghead Gas Cond	ensate		
If change of ownership give name and address of previous owner	;			
	D.V.D.AGE			
II. DESCRIPTION OF WELL AN Lease Name	Well No. Pool Name, Including	Formation Kind of Leas	e Lease No.	
Fee	3A Blanco	State, Federa	nicr Fee Fee	
Location				
Unit Letter K ; 1	640 Feet From The South L	ine and 1610 Feet From	The West	
Line of Section 3	Township 30N Range	11W , NMPM,	San Juan County	
I DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL G	AC		
Name of Authorized Transporter of		Address (Give address to which appro	ved copy of this form is to be sent)	
			l l	
Name of Authorized Transporter of	Casinghead Gas X or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)	
		Box 990 - Farmington	. N.M. 87401	
El Paso Natural Gas	Unit Sec. Twp. Rge.		en	
If well produces oil or liquids, only sec. Twp. rige. Is gas give location of tanks.			No	
V. COMPLETION DATA	with that from any other lease or pool	, give comminging order number:		
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Comple	tion = (X)	X		
Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.	
11/28/79	2/18/80		4722	
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Blanco MV	4176	4617	
Perforations			Depth Casing Shoe	
	TUBING, CASING, A	ND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12-3/4"	9+5/8"	233'	110 Sk.	
9-5/8"	7"	2380"	385 Sk.	
6-3/4"	4-1/2"		350 Sk.	
	2-3/8"	4617		
V. TEST DATA AND REQUEST			and must be equal to or exceed top allow-	
OIL WELL	ahla éas shis	depth or be for full 24 hours)		
Date First New Oil Run To Tanks		Producing Method /Flow. numb. see Is	ift, etc.)	
	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)	
I I enoth of Test	Date of Test	Producing Method (Flow, pump, gas li Casing Pressure	ift, etc.) Choke Size	
Length of Test				
	Date of Test Tubing Pressure			
Length of Test Actual Prod. During Test	Date of Test	Casing Pressure	Choke Size	
	Date of Test Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Date of Test Tubing Pressure	Casing Pressure	Choke Size	
	Date of Test Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	Date of Test Tubing Pressure Oil-Bbls. Length of Test	Casing Pressure Water - Bbls.	Choke Size	
Actual Prod. During Test GAS WELL	Date of Test Tubing Pressure Oil-Bbls.	Casing Pressure Water - Bbls.	Choke Size	
Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D 11432	Date of Test Tubing Pressure Oil-Bbls. Length of Test 3 Hours Tubing Pressure (Shut-in)	Casing Pressure Water-Bbls. Bbls. Condensate/MMCF	Choke Size Gas McF	
Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D 11432 Testing Method (pitot, back pr.)	Date of Test Tubing Pressure Oil-Bbls. Length of Test 3 Hours Tubing Pressure (shut-in) 1112	Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in) 1162	Gae ACF Gravity of Condensate Choke Size 3/4	
Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D 11432	Date of Test Tubing Pressure Oil-Bbls. Length of Test 3 Hours Tubing Pressure (shut-in) 1112	Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in) 1162	Choke Size Gas McF Gravity of Condensate Choke Size	

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 cor	mplete to the best of m	ny knowledge and belief.
\$.		
	./	
D. J. 120. 20. 22. 6. 22. 6. 2	276.20 276	
	(Signature)	
	Agent	
	(Title)	
	4/8/80	
	(Date)	

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 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 completed wells.