## NO. OF COPIES RECEIVED

| DISTRIBUTION SANTA FE  |   |   | Form C-104  Supersedes Old C-104 and C-110  Effective 1-1-65             |  |
|--|---|---|--|--|
| FILE<br>U.S.G.S.   | AUTHORIZATION TO TR   | AND<br>ANSPORT OIL AND NATURAL  |  |  |
| LAND OFFICE  | <u> </u><br>  |   |  |  |
| OPERATOR GAS   |   |   |  |  |
| I. PRORATION OFFICE  |   |   |  |  |
| El Paso Natural Gas (  | Company   |   |  |  |
| Box 990, Farmington,   |   |   |  |  |
| Reason(s) for filing (Check proper box   | )   | Other (Please explain)  |  |  |
| Mew Well Recompletion  | Change in Transporter of: Oil Dry 3   | See back for  | Details  |  |
| Change in Ownership  | Casinghead Gas Cond   | ensate  |  |  |
| If change of ownership give name and address of previous owner   |   |   |  |  |
| II. DESCRIPTION OF WELL AND  | LEASE   |   |  |  |
| Lease Narie  | Well No. Pool N   | Tame, Including Formation   | Kind of Lease State, Federal or Fee                                      |  |
| Neil<br>Location   | , , , , , , , , , , , , , , , , , , ,   | THIRD LESS ACTOR  |  |  |
| Unit Letter N ; 880  | Feet From The <b>South</b> L  | ine and 1600 Feet From  | n The West   |  |
| Line o: Section 14 , To  | wnship Range  | , NMPM, San Ju  | Rn County  |  |
| III. DESIGNATION OF TRANSPOR   | TER OF OIL AND NATURAL G  | as  |  |  |
| Name of Futhorized Transporter of Oi   | or Condensate 🔀   | Box 990, Farmington,  | roved copy of this form is to be sent)                                   |  |
| El Paso Natural Gas Company  Name of Futhorized Transporter of Casinghead Gas or Dry Gas   |   | Address (Give address to which app  | Address (Give address to which approved copy of this form is to be sent) |  |
| El Paso Natural Gas C  | Unit Sec. Twp. Rge.   | Box 990, Farmington, Is gas actually connected?   | New Mexico   |  |
| If well preduces oil or liquids, give location of tanks.   | H 14 31N 11W  |   |  |  |
|  | ith that from any other lease or poo  | 1, give commingling order number:   |  |  |
| IV. COMPLETION DATA  |   | New Well Workover Deepen  |  |  |
| Designate Type of Completi   | On - (A)  Date Compl. Ready to Prod.  | Total Depth   | ¥, X<br>¥, E/T.D.  |  |
| W/O 7-10-65  | <b>2</b> 7-14-65  | 49001   | ¢.o. 48041   |  |
| Pool   | Name of Producing Formation  Mess. Verde  | Top Sty Gas Pay   | Tubing Depth 4750  |  |
| Blanco Mesa Verde Perforations   | Make Astro  |   | Depth Casing Shoe  |  |
|  | TUBING, CASING, A   | ND CEMENTING RECORD   | 4616   |  |
| HOLE SIZE  | CASING & TUBING SIZE  | DEPTH SET   | SACKS CEMENT   |  |
|  | 9 5/8"  | 173'  | 125 Sks.   |  |
| 5 3/4"   | 4 1/2"  | 4576'<br>4818'  | 500 Sks.   |  |
| 6 1/4"   | 2 3/8"  | 4750'   | Tubing   |  |
| V. TEST DATA AND REQUEST I   | FOR ALLOWABLE (Test must be   | e after recovery of total volume of load of depth or be for full 24 hours)  | oil and must be equal to or exceed top allow                             |  |
| 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   | Chok Size  |  |
|  | Oil-Bbls.   | Water - Bbls.   | AUG . 8 . 965  |  |
| Actual Prod. During Test   | OII-BUIS.   |   | Gas-MCFIL COM. COM.  |  |
|  |   |   | 0.01.5   |  |
| GAS WELL Actual Prod. Test-MCF/D   | Length of Test  | Bbls. Condensate/MMCF   | Gravity of Condensate  |  |
| 9218 MCF/D   | 3 Hours   |   | Chalas Sina  |  |
| Testing Method (pitot, back pr.)  Calculated A.O.F.  | Tubing Pressure   | Casing Pressure   | Choke Size   |  |
| VI. CERTIFICATE OF COMPLIA   |   |   | VATION COMMISSION  |  |
|  |   | APPROVED AL   | JG 1 8 1965 19 19  |  |
| I hereby certify that the rules and regulations of the Oil Conservation<br>Commission have been complied with and that the information given<br>above is true and complete to the best of my knowledge and belief. |   | en Original Signer  | i Emery C. Arnold  |  |
| above is true and complete to t  | ne best of my knowledge and belie   | Supervisor Di   | st. # 3  |  |
|  | And Andrews (Control of the Control |   | in compliance with RULE 1104.  |  |
| OR G NAL SIGNED E.S. OBERLY  |   | If this is a request for al   | lowable for a newly drilled or deepene                                   |  |
| (Signature) Petroleum Engineer   |   | well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. |  |  |

(Title)

(Date)

August 13, 1965

All sections of this form must be filled able 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.

FFM. ISIP 700#, 5 Min. 600#.

Ren 165 joints 2 3/8", 4.7#, J-55 tubing (4739.57') set at 4749.57'. water w/3# J-111/1000 gallons. Flush w/6000 gallons. Max. pr. 4000#, BDP 1600#, tr. pr. 2600-3000-4500#. Dropped 3 sets of 16 balls each. I.R. 38 w/2 SFF, fraced with 30,000# 20/40 sand and 30,000 gallons water w/3# J-111/1000 gallons, flushed 3654 gallons. Max. pr. 4000#, BDF 2000#, tr. pr. 2500-3000-4000#. Dridge plug at 4340', perforated Cliff House 4132-40', 4228-36', 4286-94' w/2 SFF. Fraced w/40,000# 20/40 sand, 31,000 gallons water w/3# J-111/1000 gallons Tested casing w/4000#. Perforated Point Lookout 4759-69, 4783-93. 59-ET-L Gillsonite/sk. Cleaned out w/gas, drilled bridge plug at  $\mu5\mu5$ . Ran 148 joints  $\mu$  1/2", 10.5#, 1-55 casing ( $\mu808.23$ ) set at  $\mu818.23$  w/200 sacks regular, 2% gel, 1/ $\mu$  cu. it. 1-15-65 to 800# 0. K. Perf. 2 squeeze holes at 1895', set Baker magnesium retainer at 1739', squeezed w/100 sacks regular cement, 2% calcium chloride, final pressure 450#. W.O.C. Drilled cement and retainer, tested squeeze w/300# Renjunk basket to 4576', set Baker megnesium bridge plug at 4545', tested casing 59-TT-L 59-0T-L

Date well was tested.

4-21-65 59-7T-L