DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OPERATOR PRORATION OFFICE Operator	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND RANSPORT OIL AND NATURA	Form C-104 Supersedes Old C-104 and C-1. Effective 1-1-65 AL GAS	
Reason(s) for thing (Check proper New Well Recompletion Change in Ownership If change of ownership give nar	Farmington, NM 87401 box) Change in Transporter of: Oil Dry C Castinghead Gas Condense	Other (Please explain) Gas ensate		
and address of previous owner				
II. DESCRIPTION OF WELL A Lease Name Usselman Gas Com "B Location	Well No. Pool Name, Including		Lease No.	
Unit Letter G ;	1679 Feet From The North Li	10W , NMPM, San .	Juan County	
	ORTER OF OIL AND NATURAL G		pproved copy of this form is to be sent)	
Name of Author and Transporter of El Paso Natural Gas		Address (Give address to which a P.O. Box 990 Farmin Is gas actually connected?	pproved copy of this form is to be sent) gton, NM 87401 , When	
give location of tanks.	G 4 31N 10W with that from any other lease or pool.		Immediately	
Designate Type of Compl	etion - (X) Gas Well	New Well Workover Deeper	Plug Back Same Res'v. Diff. Res'v.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. 2900'	
1/13/77 Elevations (DF, RKB, RT, GR, et.	2/9/77 Name of Producing Formation	2970 Top Oil/Gas Pay	Tubing Depth	
5831' GL	Pictured Cliffs	2628'	2686'	
Periorations			Depth Casing Shoe 2963'	
2628-2678'	TURING CASING AN	D CEMENTING RECORD	2303	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12-1/4"	8-5/8"	256	200 sx	
7-7/8"	4-1/2"	2963'	670 sx	
V. TEST DATA AND REQUEST OIL WELL Date First New Oil Bun To Tanks	able for this d	after recovery of total volume of load lepth or be for full 24 hours) Producing Method (Flow, pump, go	oil and must be equal to or exceed top allow-	
Bala i Mai New Oll Main 10 1 dias				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
GAS WELL			UST. 3	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
2327	3 hours			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Back Pressure	713	836	. 75	
I. CERTIFICATE OF COMPLIANCE		W.	OIL CONSERVATION COMMISSION APPROVED	

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 aid complete to the best of my knowledge and belief.

Q ₁	igi	nal	Signed	Ву
E.	E.	S۷	OBODA	

(Signature)	,
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Area Administrative Supervisor

(Title)

3/13/78

(Date)

APP	ROVED	<u> </u>	J.	19
BY_	Original	Signed 🐃 👵	Kendrick	
TITL	_E	SUPERVISOR DIS	r. #C	

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. Canada Cama Catha must be filed for and nool in multiply

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