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	DISTRIBUTION SANTA FE	NEW MEXICO DIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND			Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65		
	U.S.G.S.  LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	OPERATOR OIL /						
1.	Coperation OFFICE   Coperator   EL PASO NATURAL GAS CO.						
	Address						
	BOX 990, FARMINGTON, NEW MEXICO  Reason(s) for filing (Check proper box)  New We!!  Recompletion  Cil Dry Gas						
	Change in Ownership	Casinghead Gas Condens	ate				
	If change of ownership give name and address of previous owner					······································	
II.	DESCRIPTION OF WELL AND L	EASE   Well No.   Pool Name, Including For	matto.	Kind of Lease		Lease No.	
	NEIL Location	8A BLANCO MV		State, Federal	SF .	_078051	
	Unit Letter J: 1800 Feet From The South Line and 1665 Feet From The East						
	Line of Section 4 Township 31N Range 11W , NMPM, San Juan County						
II.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to	which approve	d copy of this form is to	be sent)	
	EL PASO NATURAL GAS CO. BOX 990, FARMINGTON, NEW MEXICO					be sent)	
	EL PASO NATURAL GAS CO. BOX 990, FARMINGTON, NEW MEXICO.						
	If well produces oil or liquids, give location of tanks.  J 4 31N 11W						
ν	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Out Wall   New Well   Workover   Deepen   Plug Back   Same Res'v.   Diff. Res'v.						
٠.	Designate Type of Completio	Oil heil	New Well Workover	Deepen		1	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D. 5564!		
	3-18-78 Elevations (DF, RKB, RT, GR, etc.)	7-5-78 Name of Producing*Formation	5582 ¹ Top <b>€</b> 76as Pay		Tubing Depth		
	6147' GL	MV . 4435,4452,4478,4490,4525	4386' 4529,4538,4545,4553,		55071 Depth Casing Shoo		
	hra1 1567 1500 1500 1507	4610 4684 4717 4780 4789	J.4819.4909.490.	L,4995,W/J	SPZ 5582'	MO F261	
	5029,5043,5063,5067,5071	,5075,5084,5088,5093,5100	5,5114,5128,514	3,31/4,310	80,5214,5233,52 SACKS CEM	.48,5201, Ent	
	5280,5290,5330,5352,5380 13 3/4"	9.5462' W/1SPZ =	220'		437 cf.		
	8 3/4"	7''	3155'		483 cf.		
	6 1/4"	4 1/2" liner	5582'		438 cf.		
		2 3/8"	5507'		Tubing	read 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 top allowable for this depth or be for full 24 hours)						
	OIL WELL  Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow	, pump, gas lift	i, etc.)		
	Length of Test	Tubing Pressure	Cusing Process		Choke Size		
	Actual Prod. During Test	Cil-Bbls.	Water - Bble.		Gdn-MCF		
	I	<del>                                      </del>		1111 24 10	777		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	<del></del>	Gravity of Condensate		
	Actual Flod: 1881-MCC/D		10	IL CON. C	Chora Stre	····	

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APPROVED.

Casing Pressure (Shet-in DISI. 3

Original Signon by

I. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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.

Tubing Pressure (Shut-in)

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A. G. Busco	
(Signatur)	
Drilling Clerk	
(Title)	

(Date)

7/19/78

TITLE \_ This form is to be filed in compliance with RULE 1104.

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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 MULE 111.

OIL CONSERVATION COMMISSION

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Choke Size

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.