DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRAN PORTER OIL	REQUES	L CONSERVATION COMMISSION OF FOR ALLOWABLE AND RANSPORT OIL AND NATURA	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 AL. GAS
OPERATOR PROPATION OFFICE Operator		·	
EL PASO NATURAL G	AS CO.		
BOX 289, FARMINGT	ON, NEW MEXICO		
New Well	Ox) Change in Transporter of:	Other (Please explain)	
Recompletion Change in Ownership	OII Dry C	一	
	Casinghead Gas Cond	ensate	
If change of ownership give name and address of previous owner			
T DESCRIPTION OF WELL AND	7 T T A G T		
I. DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including	Formation	
FIELDS	1 1		Ledge Mo.
Location	10 BLANCO PC	State, Fee	leral or Fee NM 010989
Unit Letter J : 17	780 Feet From The S Li	ine and 1495 Feet Fro	om The E
Line of Section 27 T	ownship 32N Range	11W , NMPM, San	
I. DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G		County
Name of Authorized Transporter of O.	or Condensate X	Asidrass (Cine address dist	
EL PASO NATURAL GA			proved copy of this form is to be sent)
Name of Authorized Transporter of Co	asinghead Gas or Dry Gas 📆	BOX 289, FARMINGTON	, NEW MEXICO
EL PASO NATURAL GA			proved copy of this form is to be sent)
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	BOX 289, FARMINGTON Is gas actually connected?	NEW MEXICO
give location of tanks.	J 27 32N 11W	to gas detaily connected?	when
If this production is commingled w . COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:	
Designate Type of Completi	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.
9/2/78	11/1/78	32231	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Gas Pay	Tubing Depth
6348'	PC	3096'	
Perforations		3030	Depth Casing Shoe
3096,3100,3113.311	9,3125,3130,3148,3154,31	60 with 15D7	
	TUBING, CASING. AND	CEMENTING RECORD	3223'
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	

12 1/4" 8 5/8" 136' 106 cf. 6 3/4" 2 7/8" 32231 648 cf TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to able for this depth or be for full 24 hours) ead top allow-OIL WELL Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Actual Pred. During Test Oil-Bbls. Water - Bbls. Gas - MC GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate

DEPTH SET

Cosing Pressure (Ehut-in)

364

CASING & TUBING SIZE

Tubing Pressure (Shut-in)

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.

1. D. Bucco	·
(Signature)	·
Drilling Clerk	
(Title)	
11/30/78	

(Date)

OIL CONSERVATION COMMISSION

Choke Size

SACKS CEMENT

5 1978 APPROVED. Original Signed by FRA A LITAVEZ BY___

TITLE DEAT IS This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 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.