DISTRIBUTION NEW MEXICO OIL, CONSTITUTION COMMISSION ... SSHIAFE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Effective 1-1-65 FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRAK-PORTER API 30-045-22836 OPERATOR PROBATION OFFICE Chermon EL PASO NATURAL GAS COMPANY Address P_{\bullet} o. Box 289, FARMINGTON, NEW MEXICO 87401 Reason(s) for filing (Check proper box) Other (Please explain) \mathbf{X} New Well Change in Transporter of: Recompletion Cil Dry Gas Change In Ownership Condensate If change of ownership give name and address of previous owner. DESCRIPTION OF WELL AND LEASE Well No.: Pool Name, Including Formation Kind of Lease Lease No State, Federal or Fee Case 1A(PC)SF 078095 Blanco Pictured Cliffs Location <u>:_818</u> Feet From The North Line and 925 West Unit Letter_ Line of Section 5 Township 31-N Range 11-W , NMPM, County DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate [X] Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil P. O. BOX 990, FARMINGTON, NM 87401
Address (Give address to which approved copy of this form is to EL PASO NATURAL GAS COMPANY Gas [or Dry Gas X of this form is to be sent) EL PASO NATURAL GAS COMPANY O. BOX 990, FARMINGTON, NM 87401 Gatually connected? When If well produces oil or liquids, give location of tanks. BIN : llw If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Gas Well Workover Deepen New Well Plug Back | Same Res'v. Diff. Res'v. Designate Type of Completion - (X) χ Χ Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 5968 ' 8-29-78 1-10-79 5949 Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top XX/Gas Pay Tubing Depth 6587' GL 3246 32961 P. C. Perforations Depth Casing Shoe 3246-62, 3266-761 5968 ' TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 9 5/8" 224 cf 3/4" 237' 3/4" 3611' 695 **c**f 8 1/4" 4 1/2" 3434-5968**'** 436 cf liner 1/4" 1 tubing 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 Producing Method (Flow, pump, gas lift, etc.) Date Firet New Oll Run To Tanks Date of Test Chokesize Casing Pressure Learth of Test Tubing Pressure Actual Prod. During Test Oil-Bhia. Water - Bbis. Goaf MCF GAS WELL Actual Pred. Test+MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate 3 hrs.
Tubing Presews (Shut-in) Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Choke Size 3/4" 970 970 Calc. A. O. F. OIL CONSERVATION COMMISSION CERTIFICATE OF COMPLIANCE MAR 9 1979

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.

(Title)

Drilling Clerk

3-2-79 (Date)

APPROVED_ By Original Signed by A. R. Kendrick

TITLE ___SUPERVISOR DIST. 10

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

If this is a request for allowable for a newly drilled or despened 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.

FIII 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.