HG, OF COFIFT METELVED			
DISTRIBUTION			
SANTA FE		17	
FILE		\prod	
U.S.G.S.			
LAND OFFICE			
TRAN-PORTER	OIL GAS	1-	
OPERATOR			
PROBATION OFFICE			

SANTA FE	!	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11
U.S.G.S.	AUTHODIVATION TO TO	AND ANSPORT OIL AND NATURAL	Elfective 1-1-65
LAND OFFICE		AND OR FORE MID MATORIAL	GA3
TRANSPORTER OIL			
OPERATOR /	-		
PROBATION OFFICE			
Operator EL DASO MA	TURAL GAS CO.		e
Address LL TAGO NA	TOTAL TAO CO.		
	ARMINGTON, NEW MEXICO	Total distribution	
Reason(s) for filing (Check proper bu	Change in Transporter of:	Other (Please explain)	
Recompletion	Ci: Dry Ga	ıs 🔲	
Change in Ownership	Casinghead Gas Conder	nsate	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including F	ormation Kind of Leas	Lease No.
SAN JUAN 32-9 Unit	3A BLANCO MESA	VERDE State, Feder	ol or Fee SF 078507
Location	1815 Feet From The S Lin	1450	F
Unit Letter;;	Lin Feet From The U	e and 1700 Feet From	The
Line of Section 1 To	ownship 31N Range	10W , ммрм, San Ju	ian County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	.s	
Name of Authorized Transporter of O		Address (Give address to which appro	oved copy of this form is to be sent)
EL PASO NATURAL GAS		BOX 289, FARMINGTON Address (Give address to which appro	
Name of Authorized Transporter of Co EL PASO NATURAL GAS		BOX 289, FARMINGTON	
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	·····	nen
give location of tanks.	' J	1	
	ith that from any other lease or pool,	give commingling order number:	
Designate Tune of Complete	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completi	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.
Date Spudded 8/12/78	1	6055'	6012
Elevations (DF, RKB, RT, GR, etc.,	9/20/78 Name of Producing Formation	Top S/Gas Pay	Tubing Depth
6572' GL	Blanco MV	5185'	5991 Depth Casing Shoe
	,5276,5287,5299,5306,5513 SPZ. 5647,5663,5686,5692,		
			57,5971,5975,5979,5993,59
5999,6021,6023,6025w/1	SPZ. CASING & LUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	226'	224 cf. 442 cf.
8 3/4'' 6 1/4''	7'' 4 1/2''	3720' 6055'	70 cf.
0 1/4	4 1/2	0025	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TEST DATA AND REQUEST F		fter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allow-
OII, WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l.	ift, etc.)
			and the same of th
Length of Test	Tubing Pressure	Casing Pressure	Choke Stže
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gag-MCF
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIAN	622.	696 OIL CONSERVA	ATION COMMISSION
CERTIFICATE OF COMPLIAN		II Last 1	
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. By Original Signal of the District Conservation of the Oil Conserv		R. Landrios	
Commission have been compiled above is true and complete to the	e best of my knowledge and belief.	By Original Decision	0
		TITLE SURESTINE	
A ls a	.	This form is to be filed in	compliance with RULE 1104.
A. D. Bu.	2.20	It was to a request for ellor	cable for a newly drilled or despended
Drilling Clerk		tosts taken on the well in acco	inled by a tabulation of the deviation idence with RULE 111.
		All sections of this form my	ist be filled out completely for allow-
(Title) 10/30/78		able on new and recompleted w Fill out only Sections I. I	I. III. and VI for changes of owner,
	ute)	well name or number, or transpor	ter, or other such change or condition.
		Separate Forms C-104 mus completed wells.	it be filed for each pool in multiply