					<i></i>
	DISTRIBUTION				1
	SANTA FE		CONSERVATION COM	MISSION	Form C-104
	FILE	REQUEST	T FOR ALLOWABLE		Supersedes Old C-104 and Effective 1-1-65
	J.S.G.S.	AUTHORIZATION TO TO	AND		rruective 1-1-02
	LAND OFFICE AUTHORIZATION TO TR.		ANSPORT OIL AND	NATURAL GAS	
	TRANSPORTER OIL GAS /	-			
	OPERATOR /	-			AFI 30-045-22978
	PROBATION OFFICE	-			
E.	Operator				
	El Paso Natural Gas Address Box 289, Farmington, New Mexico Reason(s) for filing (Check proper box) New Well Change in Transporter of:				
	Recompletion	Oil Dry G		•	
	Change in Ownership		ensate	٠	
11.	Lease Name Atlantic D Com Location	Well No. Pool Name, Including 1 A Blanco Mesa		Kind of Lease State, Federal or Fee	B-1040
	Unit Letter <u>C</u> ; 182	5 Feet From The North Li	ne and <u>1475</u>	Feet From The	West
	Line of Section 36 To	wnship 31 N Range	10 W , NMPM	, San Juan	Cour
II.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS		
	Name of Authorized Transporter of Oi	or Condensate	Address (Give address	to which approved copy	of this form is to be sent) Mexico
	Name of Authorized Transporter of Co	singhad Gas or Dry Gas 🔻	Address (Give address	to which approved copy	of this form is to be sent)
	El Paso Natural Gas Box 289,		Box 289, Far	mington, New !	Mexico
	If well produces oil or liquids, Unit Sec. Twp. Age. Is gas actually connected? When give location of tanks.				
III.	If this production is commingled we COMPLETION DATA	th that from any other lease or pool,	give commingling order	r number:	
	Designate Type of Completi	on - (X) Oil Well Gas Well X	New Well Workover	Deepen Plug E	Back Same Resty. Diff. Re
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T	.D.
	12-4-78	6-12-79	59981		59951
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing	Depth 5970
	6568' G L	Mesa Verde	4893		59/0'

Perforations 4893, 4982, 5002, 5019, 5058, 5093, 5106, 5120, 5128,5136, 5143, Depth Casing Shoe 5150, 5178, 5197, 5222, 5228, 5318, 5324, 5370, 5444, 5452, 5460, 5515, 5557, 5563 59961 5569, 5575, 5606, 5614, 5658, 5634, 5640, 5646, 5652, 5675, 5687, 5701, 5706, 5734, 5752,5788,5833,5840* HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 223' 9 5/8" 224 cu. ft. 13 3/4" 529 cu. ft. 7'' 8 3/4" 3775' 4 1/2" 430 cu. ft. 3618-59961 6 1/4" 3/8" 5970' tubing 2 (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) V. TEST DATA AND REQUEST FOR ALLOWABLE

Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size_ HID Actual Prod. During Test Oil - Bbls. Water - Bbls. *5861,5868,5888,5921,5954,**5**971'. 111279 **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Gondesiante Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Choke Size

702

APPROVED.

VI. CERTIFICATE OF COMPLIANCE

7-10-79

III.

IV.

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.

455

D. G. Buses
(Signature)
Drilling Clerk
(Title)

(Date)

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

SUPERVISOR O STRICT # ?

Original Signed by A. R.

OIL CONSERVATION COMMISSION

C-110

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.

nesses Frome C-104 must be filed for each most in multiple