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	DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION			_	
	SANTA I II		FOR ALLOWABLE	•	Form C+104 Supersedes Obl C-104 and C+1	
	FILL_		AND		Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	THANSPORTER GAS		•			
	OPED/LTOR					
I.	Operator					
EL PASO NATURAL GAS COMPANY						
	Box 990, Farmington, New Mexico 87401					
New We!1 Change in Transporter of:						
	Recompletion	CII Dry G	as 🔲			
	Change in Ownership	Casinghead Gas Conde	nsate			
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND Lease Name	LEASE. Weil No., Pool Name, Including F	ormation Kind	of Lease	Lease No.	
	Hubbard	2 A Blanco Mesa V	1-	, Federal or Fee	Fee	
	Location L 179	n South	1110			
	Unit Letter ;	Feet From The South Li	ne and 1110 Fee	et From The Wes	st	
	Line of Section 30	wnship 32 N Range 1	1 W , NMPM, S	an Juan	County	
	DESIGNATION OF TRANSPOR					
111.	Name of Authorized Transporter of Oll		Andress (Give address to which	ch approved copy of	f this form is to be sent)	
	EL PASO NATURAL GAS O		Box 990, Farming	ton, New Mex	kico	
		Name of Authorized Transporter of Casinghead Gas or Dry Gas X. EL PASO NATURAL GAS COMPANY		Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico		
		Unit Sec. Twp. Rge.	Is gas actually connected?	When	(100	
	If well produces oil or liquids, give location of tanks.	L 30 32N 11W		1		
		th that from any other lease or pool,	give commingling order numb	er:		
14.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Dec	epen Plug Bac	Same Resty. Diff. Resty.	
	Designate Type of Completic		X	1		
,	Date Spudded 6-24-78	Date Compl. Ready to Prod. 7-24-78	Total Depth 5836	P.B.T.D. 5820 t		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top 🕬 /Gas Pay	Tubing D		
	6442 GL	MV	4805	57251		
	Performations 4805,4809,4813, 5324 5328 5346 5351 535	4817,4821,4825,4829,4844 6 5362 5371 5375 5370 53	,4849 w/1 SFZ. 5304 07 5415 5430 5451 5	,5308 Depth Ca 465. 5836'		
5324,5328,5346,5351,5356,5362,5371,5375,5379,5397,5415,5439,5451,5465, 5836' 5574,5601,5618,5647,5663,5715 w/1 SPZ. AND CEMENTING RECORD						
	HOLE SIZE CASING & TUBING SI		DEPTH SET		SACKS CEMENT	
	13 3/4 8 3/4	9 5/8	219' 3379'		224 cf	
	6 1/4	7'' 4 1/2" liner	3228-58361		482 cf 453 cf	
į		2 3/8"	5725'		Tubing	
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL. (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)						
i	OIL WELL 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 Sta		
	Actual Prod. During Teet Oil-Bbls.		Water-Bbis. Ga			
ľ					and the second second	
	CAC WELL			1) 1)		
ſ	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity o	! Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in) 428	Casing Pressure (Shut-in) 795	Choke Siz	• · · · · · · · · · · · · · · · · · · ·	

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. (Signature) Drilling Clerk (Title)

(i)ale)

VI. CERTIFICATE OF COMPLIANCE

8-8-78

ALIC OI

OIL CONSERVATION COMMISSION

APPRO	OVED	tuo a	. 19
BY	Original Sign	13 mar 1 13	\ FF 7
	Dering Colo		

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

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 NULE 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.

Securate Forms C-104 must be filed for each pool in multiply