	NO. OF COPIES RECEIVED	}	e		
	DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION COMMISSION	P G. 104	
	SANTA FE / -		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-116	
	FILE /	1	AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL O	:AS	
	LAND OFFICE				
	TRANSPORTER OIL]	<u>.</u>		
	GAS /]	Phy S		
	OPERATOR 2	1	5 0	•	
I.	PRORATION OFFICE	7		5	
	Operator				
	El Paso Natural Gas C	El Faso Natural Gas Company			
	Address	ddress			
	Box 990, Farmington,	New Mexico - 87401	$(\nabla \mathcal{L})$		
	Reason(s) for filing (Check proper box		Other (Please explain)		
	New Well Change in Transporter of:				
	Recompletion	Oil Dry Ga	s See Back for de	etails	
	Change in Ownership	Casinghead Gas Conder	nsate T	· · · · · · · · · · · · · · · · · · ·	
	If change of ownership give name				
	and address of previous owner				
**	DESCRIPTION OF RELLAND	T ELAGE			
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease				Legse No.	
			State, Federa	300== 1111	
Hancock 6 Basin Dakota State, Federal or Fee				Mil 0234T	
	Unit Letter L ; 1850 Feet From The South Line and 1090 Feet From The West				
	a				
	Line of Section 29 Township 28N Range 9W , NMPM, San Juan County				
III.	I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to				
	El Paso Natural Gas Company Name of Authorized Transporter of Casinghead Gas or Dry Gas X		Box 990, Farmington, New Mexico - 87401		
			Address (Give address to which approved copy of this form is to be sent)		
	El Paso Natural Gas C	ompany	Box 990, Farmington, No.	ew Mexico - 87401	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Who		
	give location of tanks.	L 29 28N 9W			
	If this production is commingled with that from any other lease or pool, give commingling order number:				
IV. COMPLETION DATA					
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completic	on - (X)	X		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	w/o 4-2-69	5-7-69	66541	6630'	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top & Gas Pay	Tubing Depth	
	5942' GL	Dakota	6412'	6359'	
	Perforations	Daroca	UTIL	Depth Casing Shoe	
	6/10 16 6/100 06 6/178 80 6500 0/1 6578-80 6/		6620 2):	66531	
	6412-16, 6432-36 6478-82, 6500-04, 6578-82, 6610-14 6653' TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			 	 	
	13 3/4"	9 5/8"	2991	200 Sks.	
	7-7/8"	4 1/2"	6653'	620 Sks.	
		2 3/8"	6359'	Tubing	
	Ĺ <u></u>	<u> </u>	<u> </u>		
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed to				and must be equal to or exceed top allow-	
	OIL WELL				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li)	", etc.)	
	Length of Test	Tubing Pressure	Coaing Pressure	Choke Size a the bridge A L	
		<u> </u>			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gast MCHIAY I 4 1969	
		<u></u>	<u> </u>		
				OIL CON. COM.	
	GAS WELL		_	CIST. 3	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	828	3 Hours			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Calculated A.O.F.	709	709	3/4"	
'T	CERTIFICATE OF COMPLIANCE				
1.	OBMITTORIE OF COMPRIANCE		OIL CONSERVA	TION COMMISSION	
	I hereby quelify that the sules and an industrial and a Col. Co.		APPROVED	MAY 1 4 1969.	
	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.		0	, 13	
			By Cellus Clared		
			TITLE SUPERVISOR DIST. #5 This form is to be filed in compliance with RULE 1104.		
	TTO 61800	,	If this is a request for allowable for a newly drilled or deepened		
	(Signature) Petroleum Engineer (Title) May 13, 1969 (Date)		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.		
	122	•	Separate Forms C-104 must be filed for each pool in multiply completed wells.		
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WORKOVER

Rigged up Dwinell Bros. rig #1, pulled 211 joints 2 3/8" tubing. Ran production logs with well flowing to atmosphere at 916 MCF/D. Found 75% of gas coming from Dakota A zone, 25% from Graneros. Treated existing perfs w/15,540 gal. water containing 3% calcium chloride and one gal. Morflo II per 1000 gallons. Staged w/5 sets of 8 bells, 15 BFM @ 200% to 5 BFM at 3200%. ISIP 1300%. 4-2-69

4-3-69

Blowing down and cleaning out.

P.B.T.D. 6630', spotted 200 gal. 7 1/2% HCL. Set bridge plug at 6550', perf. 5412-16' w/C shots (old perfs (6432-36', 6476-62', 6500-04'). Frac new perfs and re-frac old perfs w/67,000 gal. water, 60,000# 20/40 sand.

Max. pr. 3800#, BDP 3700#, avg. tr. pr. 3640#. I.R. 30.5 BPM. Dropped 4 sets of 8 balls, flushed w/4710 gal. water. ISIP 1000#, 5 Min. 400#, 10 Min. 300#. 4-4-69

4-5-69 Blowing down, blowing water.

4-6-69 Blowing down, making large amounts of water.

Ran production logs, well not making enough gas and too much water for good logs. Re-ran 204 joints 2 3/8", 4.7#, J-55 tubing (6349') landed at 6359' 4-7-69 open ended.

5-7-69 Date well was tested.