|                |  |                                       |  | 1   |  |
|----------------|--|---------------------------------------|--|---|--|
|                | NO. OF COPIES RECEIVED   |                                       |  |   |  |
| -              | SANTA FE / REQUEST FOR ALLOWABLE Super   |                                       | Form C-104 Supersedes Old C-104 and C-110                                |   |  |
| ⊢              |  |                                       | Effective 1-1-65   |   |  |
|                | U.S.G.S.   | AUTHORIZATION TO TRAI                 | NSPORT OIL AND NATURAL   | GAS   |  |
|                | LAND OFFICE  |                                       |  | COLLINE   |  |
|                | TRANSPORTER OIL  |                                       |  | /K[PFIACD/  |  |
| -              | OPERATOR 2   |                                       |  | 7,000   |  |
|                | PROBATION OFFICE SEPT 9 1907   |                                       |  |   |  |
| •              | OIL CON. COM.  |                                       |  | OIL CON. COM.   |  |
| -              | El Paso Natural Gas Company  DIST. 3   |                                       |  |   |  |
|                |  | n, New Mexico - 87401                 |  |   |  |
|                | eason(s) for filing (Check proper box)  Other (Please explain)   |                                       |  |   |  |
|                | New Well   | Change in Transporter of: Oil Dry Gas |  | om Marron Federal #1  |  |
| Ì              | Recompletion Change in Ownership   | Oil Dry Gas  Casinghead Gas Conden    | <b>≓</b> 1   | Ì   |  |
| L              | Change in Ownership  | <u> </u>                              |  |   |  |
|                | change of ownership give name and address of previous owner  |                                       |  |   |  |
|                | COORDINATE AND T   | DACE                                  |  |   |  |
|                | ESCRIPTION OF WELL AND LEASE  Well No. Pool Name, Including Formation Kind of Lease No.  Lease No.   |                                       |  |   |  |
| L              | Lindrith Unit NP   | 68 South Blanco                       | Pictured Cliffs State, Fre   | ral or Fee SF 078908  |  |
|                | Location   | O Nowth                               | e and 1650 Feet From   | . m Keet  |  |
|                | Unit Letter G; 1650 Feet From The North Line and 1650 Feet From The East   |                                       |  |   |  |
| Ì              | Line of Section 7 Town   | nship 24N Range                       | 2W , NMPM, Rio   | Arriba County   |  |
| L.             |  |                                       | _  |   |  |
| <b>[]]</b> . [ | DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil   | or Condensate                         | S Address (Give address to which appropriate to be address)              | roved copy of this form is to be sent)  |  |
| 1              | El Paso Natural Gas Company  |                                       | Box 990, Farmington, New Mexico  |   |  |
| ŀ              | Name of Authorized Transporter of Casinghead Gas or Dry Gas 🛣  |                                       | Address (Give address to which approved copy of this form is to be sent) |   |  |
|                | El Paso Natural Gas Company  |                                       | Box 990, Farmington, New Mexico  Is gas actually connected? When         |   |  |
|                | If well produces oil or liquids, give location of tanks.   |                                       |  |   |  |
| L              | If this production is commingled with  | that from any other lease or pool.    | give commingling order number:   |   |  |
| IV.            | COMPLETION DATA  |                                       | New Well Workover Deepen   | Plug Back   Same Res'v. Diff. Res'v.  |  |
|                | Designate Type of Completio  |                                       | Wew Mett , Motkoner , Deabett  | Find Date Same 1100 11  |  |
|                | Date Spudded   | Date Compl. Ready to Prod.            | Total Depth  | P.B.T.D.  |  |
|                | 1-3-52   | W/O 9-21-55                           | 3475 '   | 3421 '  |  |
|                | Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation           | Top <b>131</b> /Gas Pay 3346   | Tubing Depth  |  |
|                | 7166' GL   | Pictured Cliffs                       | 2240   | Depth Casing Shoe   |  |
|                | 3346-74, 3383-3421'  |                                       |  | 3386'   |  |
|                |  | TUBING, CASING, ANI                   | CEMENTING RECORD   |   |  |
|                | HOLE SIZE  | CASING & TUBING SIZE                  | DEPTH SET  | SACKS CEMENT  |  |
| ļ              |  | 10 3/4"<br>5 1/2"                     | 217'   | 185 Sks.  |  |
|                |  | 71/2                                  | 3/2031   | Tubing  |  |
|                |  |                                       |  |   |  |
| 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 top able for this depth or be for full 24 hours)                                 |                                       |  |   |  |
|                |  |                                       | Producing Method (Flow, pump, gas  | lift, etc.)   |  |
|                | =  |                                       |  | Chala Stan  |  |
|                | Length of Test   | Tubing Pressure                       | Casing Pressure  | Choke Size  |  |
|                | Day Day Day  | Oil-Bbls.                             | Water-Bbls.  | Gas - MCF   |  |
|                | Actual Prod. During Test   |                                       | <u>`</u>   |   |  |
|                |  | l                                     |  |   |  |
|                | GAS WELL   | Length of Test                        | Bbls. Condensate/MMCF  | Gravity of Condensate   |  |
|                | Actual Prod. Test-MCF/D  | 3 Hours                               |  |   |  |
|                | Testing Method (pitot, back pr.)   | Tubing Pressure (Shut-in)             | Casing Pressure (Shut-in)  | Choke Size  |  |
|                | Calculated A.O.F.  | 909                                   | 909  | 3/4"  |  |
| WY.            | CERTIFICATE OF COMPLIANCE  |                                       | OIL CONSERVATION COMMISSION  |   |  |
|                | A STATE OF CONTRACT  |                                       | APPROVED SEP 19 1967 . 19  |   |  |
|                | 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. |                                       |  | ByOriginal Signed by Emery C. Arnold  |  |
|                |  |                                       | 11   |   |  |
|                |  |                                       | TITLE SUPERVISOR DIST. #9  |   |  |
|                | Original Signed F. H. WOOD   |                                       | This form is to be filed   | This form is to be filed in compliance with RULE 1104.                            |  |
|                |  |                                       | Il   | lowable for a newly drilled or deepened inpanied by a tabulation of the deviation |  |
|                | (Sign  | ature)                                | tests taken on the well in accordance with RULE 111.                     |   |  |

(Title)

(Date)

Petroleum Engineer

September 15, 1967

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.



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