ſ	NO. OF COPIES RECE	6		
	DISTRIBUTIO			
T	SANTA FE	1		
T	FILE		•	
	U.S.G.S.			
ľ	LAND OFFICE			
ľ	TRANSPORTER	OIL	/_	
		GAS	1	
İ	OPERATOR	2		
. [	PRORATION OFFICE			
· t	Operator	_		

## NEW MEXICO OIL CONSERVATION COMMISSION

SANTA FE		REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65				
FILE		-	AND					
U.S.G.S.		AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	SAS				
LAND OFFICE	<del></del>							
TRANSPORTE	R GAS /							
OBSERATOR	1 GAS /							
OPERATOR O	) EFICE							
Operator	FFICE	<u> </u>						
l '	stural Gas Co	meny						
Address								
Box 990, 1	Farmington, No	ew Mexico - 87401						
Reason(s) for fili	ng (Check proper box)		Other (Please explain)					
New Well	X	Change in Transporter of:						
Recompletion		Oil Dry Gas	s L					
Change in Owner	ship	Casinghead Gas Conden	sate					
If change of own	nership give name							
and address of p	orevious owner		<del></del>					
	OF WELL AND	LEASE. Well No. Pool Name, Including Fo	ermation Kind of Leas	e Lease No.				
Lease Name  Lindrith	Unit	64 So. Blanco	Pictured Cliffs State, Felera	nl or Fee SF 078910				
Location								
	P 990	Feet From The South Line	e and 900 Feet From	The East				
Unit Letter		Feet From The Line	e dna oo; i jon					
	on <b>30</b> Tov	wnship <b>24N</b> Range	2W , NMPM, Rio Ai	rriba County				
Line of Section	<u> </u>	whiship — tange						
	TOP TO ANCHOD	PED OF OH AND NATI'RAL GA	s					
III. DESIGNATION	zed Transporter of Oil	rer of oil and natural ga	Address (Give address to writer appro	oved copy of this form is to be sent)				
El Pago N	atural Gas Co		Box 990, Farmington, I					
	zed Transporter of Cas		Address (Give address to which approved copy of this form is to be sent)					
			Box 990, Farmington, New Mexico					
El Paso N	atural Gas Co	<del></del>		nen				
If well produces								
give location of		P 30 24N 2W						
If this production	on is commingled wi	th that from any other lease or pool,	give commingling order number:					
IV. COMPLETION	N DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty.   Diff. Resty.				
Designate	Type of Completion	(V)	) 1					
			X Total Depth	P.B.T.D.				
Date Spudded		Date Compl. Ready to Prod.	-	31521				
5-7-67		7-20-67	3169'	Tubing Depth				
	RKB, RT, GR, etc.,	Name of Producing Formation	1	Tubingless Completion				
7156' GL		Pictured Cliffs	2884'	Depth Casing Shoe				
Perforations				3169'				
2884-2916	3058-3112		D CENENTING BECORD					
			D CEMENTING RECORD	SACKS CEMENT				
	LE SIZE	CASING & TUBING SIZE	DEPTH SET	105 Sks.				
12 1/4"		8 5/8"	1341	100 Sks.				
6 1/4"		2 7/8"	3169'	100 348				
		<u></u>		in the state of th				
V. TEST DATA	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 allowable for this depth or be for full 24 hours)							
OIL WELL		dote jo, titta di	Producing Method (Flow, pump, gas	lift, etc.)				
Date First New	Oil Run To Tanks	Date of Test	producing Method (1 100), pamp, and					
			Casing Pressure	Choke Size				
Length of Test		Tubing Pressure	<u> </u>					
		OU Phila	Water - Bbls.	Gas-MCF 0 21967				
Actual Prod. D	iring Test	Oil-Bbls.		100/				
				COM /				
	UST. 3							
GAS WELL		The state of the s	Bbls. Condensate/MMCF	Gravity of Condensate				
Actual Prod. T		Length of Test  3 Hours						
1938 MCF		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
	(pitot, back pr.)	I uping Pleasure (Since-In )	870	3/4"				
	d A.O.F.			ATION COMMISSION				
VI. CERTIFICAT	TE OF COMPLIAN	NCE						
			ii <del></del>	2 3 1967				
I hereby certif	ly that the rules and	regulations of the Oil Conservation	APPROVED					
		with and that the information given he best of my knowledge and belief.	Original Signed by Emery C. Arnold					
above is true	and complete to th	To near or mit uncurreade and action	TITLE SUPERVISOR DIST. #3					
	Oriç	ginal signed by	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened that the above to the deviation of the deviation.					
	Car	I E. Matthews						
	(Sia	nature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
Datus	m Engineer	•	tests taken on the well in acc	must be filled out completely for allow				
LACTOTER		Title)	shie on new and recompleted	Wells.				
August 2		·	must a new Considers I	it itt and VI for changes of owner				
wens a	-, -/-·		Fill out only Sections 1, 11, 111, and vi to change of condit					

(Date)

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.