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Effective 1-1-65

Supersedes Old C-104 and C-110

NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE **AND** AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator El Paso Natural Gas Company Box 990, Farmington, New Mexico - 87401 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. South Blanco Pictured Cliffs State, Federal or Fee 70 SF 078915 Lindrith Unit Feet From The North Line and Feet From The 23 24N Rio Arriba Township 3W , NMPM, Line of Section Range County Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company Box 990, Farmington, New Mexico Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas 🛣 El Paso Natural Gas Company Box 990, Farmington, New Mexico Rge. Sec. Twp. Is gas actually connected? Unit If well produces oil or liquids, 23 24N 3W give location of tanks. G If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well Oil Well New Well Workover Plug Back | Same Res'v. Diff. Res'v. Designate Type of Completion -(X)Date Compl. Ready to Prod. Total Depth Date Spudded P.B.T.D. **6-12-6**8 4-21-68 32761 3295 Elevations (DF, RKB, RT, GR, etc., Top 1/Gas Pay Tubing Depth Name of Producing Formation Tubingless Completion 3218 7125' CL Pictured Cliffs Depth Casing Shoe Perforations 3218-32, 3246-561 TUBING, CASING, AND CEMENTING RECORD HOLE SIZE DEPTH SET CASING & TUBING SIZE SACKS CEMENT 8 5/8" 2 7/8" 134' 105 Sks. 6 3/4 3295 100 Sks. (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 OIL WELL Date First New Oil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Date of Test Tubing Pressure Casing Pressure Choke Size Length of Test Gas - MCF Actual Prod. During Test Oil - Bbls. **GAS WELL** Length of Test Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D 1759 3 Hours Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) 3/4" Calculated A.O.F. 973 OIL CONSERVATION COMMISSION 19 1968 VI. CERTIFICATE OF COMPLIANCE APPROVED_ 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. By Original Signed by A R Kendrick PETROLEUM ENGINEER DIST. TITLE 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 RULE 111.

Original Signed F. H. WOOD

(Signature)

Petroleum Engineer

June 17, 1968

(Title)

(Date)

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