NO. OF COPIES RECEIVED		1.5	. 5	
DISTRIBUTION				
SANTA FE		7		
FILE		17	<u>-</u>	
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	7		
	GAS	1		
OPERATOR		1		
PRORATION OFFICE		Ī	L	

	DISTRIBUTION		NSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110	
	SANTA FE		OR ALLOWABLE	Effective 1-1-65	
1	FILE /		AND		
1	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GAS		
1	LAND OFFICE				
- 1	TRANSPORTER OIL /				
- 1	GAS /				
]	OPERATOR /				
I.	PRORATION OFFICE Operator				
	El Paso Natural G	ac Company			
- 1	Address	as Company			
	PO Box 990, Farmington, NM 87401 Reason(s) for filing (Check proper box) Other (Please explain)				
	New Well	Change in Transporter of:		1	
	Recompletion	Oil Dry Gas			
	Change In Ownership	Casinghead Gas Condens	ate 🔲		
ļ	Change in Contract of				
	If change of ownership give name				
	and address of previous owner				
**	DESCRIPTION OF WELL AND I	FASE			
11.	Lease Name	1 % ell No.; Pcct Adme, increasing i or	mation Kind of Lease	Lease No.	
	Lindrith Unit	73 South Blanco Pict	tured Cliffs State, Federal or	(Fee)	
	Location			_	
	1 T	850 Feet From The North Line	andFeet From The	East	
	Unit Letter G; 1	Feet From Fine			
	Line of Section 19 Tow	mship 24N Range	2W, NMPM,	Rio Arriba County	
	Line of Section 29		-		
***	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	S		
111.	Name of Authorized Transporter of Oil	or Condensate 🔀	1134.030 0110 ===============================		
	El Paso Natural C	Gas Company	PO Box 990, Farmin	gton, NM 8/401	
	Name of Authorized Transporter of Cas	ingherd Gas or Dry Gas X	Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM 87401		
	El Paso Natural C	Gas Company		igion, NW 87401	
		Unit Sec. Twp. P.ge.	Is gas actually connected? When		
	If well produces oil or liquids, give location of tanks.	G 19 24N 2W			
		h that from any other lease or pool, g	rive commingling order number:		
**/	If this production is commingled with COMPLETION DATA			Plug Back Same Resty, Diff, Resty,	
IV.				Stud Back Same Res v. Dill. 1163 v.	
	Designate Type of Completic		X		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	6-7-73	9-20-73	3196'	3185'	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	10b W11/Gus Fuf		
	7078'GL	Pictured Cliffs	3110'	tubingless Depth Casing Shoe	
	Perforations 3110-18' and 312	8-38'	-	3196'	
	3110-18 and 312				
		TUBING, CASING, AND		SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	106 cu. ft.	
	12 1/4"	8 5/8"	129'	153 cu. ft.	
	7 7/8" & 6 3/4"	2 7/8"	3196'	133 CHe Ite	
		tubingless	-		
			ter recovery of total volume of load oil and	d must be squal to or exceed top allow-	
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af	nth or he for full 24 hours	a must be equal to different to the same of the same o	
	OIL WELL	Date of Test	Producing Method Away, Pure	etc.)	
	Date First New Cil Run To Tanks	Date of Test	ZELLINED I		
		Tubing Pressure	Casing Pressur	Choke Size	
	Length of Test	Tubing Freeze	Casing Pressure 3 1973		
	Total Control	Oil-Bbls.	Water-Bble. OCT COM.	Gos-MCF	
	Actual Prod. During Test	0	/ OO. COM.	1	
			OIL CON COM		
			O. DIST.		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	199	3 hrs.			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Calc. AOF	tubingless	600	3/4"	
			OIL CONSERVAT	TON COMMISSION	
VI	. CERTIFICATE OF COMPLIAN	CERTIFICATE OF COMPLIANCE			
		table Oil Connection	APPROVED 0CT 3 1973 19		
		regulations of the Oil Conservation with and that the information given	By Original Signed by Emery C. Arnold		
	I hereby certify that the fules and tend that the information given 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		BY		
			TITLE SUPERVISOR DIST. #3		
				moliance with MULE 1104.	
			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 will be accompanied by a tabulation of the deviation.		
			All sections of this form must able on new and recompleted well	t be filled out completely for allowa	
	, m	itle)	Il .ti mew and recombleted west	4 T .	
	• October 2, 1973	,	11	III, and VI for changes of owner, or other such change of condition.	

(Date)

All sections of this form must be taled able 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.