STATE OF NEW MEXICO 5 N	MOCD 1 EPNG, Storey		Form C-104 Revised 10-1-78
OISTMINUTION	P. O. HO	l l	
PILE	SANTA FE, NEW	V MEXICO 8 7501	
LAND OFFICE REQUEST FOR ALLOWABLE			
OPERATOR AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
Operation OFFICE			
P 0 Box 208, Farmington	, NM 87401	,	
Reason(s) for filing (Check proper box, New Well) Change in Transporter of:	Other (Please explain) Designation of G	as Transnorter
Recompletion Change in Ownership	Oil Dry Ga Casinghead Gas Conden	18 <u> </u>	as Transporter
If change of ownership give name			<u> </u>
and address of previous owner			
Lease Name	Well No. Pool Name, Including Fo		Navajo Legae No.
Blanco Wash	3 White Wash Ma	nicos banosa	
Unit Letter L : 163	Feet From The Outh Lin	_	į
Line of Section 2 Tov	waship 24N Range	9W , NMPM, San	Juan County
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which appro-	ved copy of this form is to be sent)
Giant Refining, Inc. (no change) Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Co.		P O Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	L 2 24N 9W	No !	
If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA			
Designate Type of Completion	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
Date Spudd•d	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (Dt 3, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
Perforations Depth Castng Shoe			
	T	CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST FO	PRALLOWABLE (Test must be of	fter recovery of total volume of load oil	and must be equal to or exceed top allow-
OIL WELL able for this depth or be for full 24 hours) Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Ott-Bbis.	Water - Bbls.	Gas-MCF
Return Ploa, Burning 1920			
GAS WELL		AUG5	Graylty of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bhis. Condensate/MMCF	
Teeting Method (pitot, back pr.)	Tubing Pressue (Shut-in)	Casing Pressure (Shat-in)	Choke Size
CERTIFICATE OF COMPLIANC	Œ.	OIL ADGERYAT	100 DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the heat of my knowledge and belief.		BY Original Signed by FRANK T. CHAVEZ	
		SUPERVISOR DISTRICT # 3	
\hat{A}_{i}		TITLE This form is to be filed in a	compliance with BULF 1104.
lim Lacobs (Signature)		If this is a request for sliowable for a newly drilled or despended	
Géologist		tests taken on the well in accordance with MULE 111. All partions of this form must be filled out completely for sllowable on new and recompleted wells.	
8-6-82		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.	
(Date)		Separate Forms C-104 must be filed for each pool in multiply completed wells.	