			1	/_	
	NO. OF COPIES REC	EIVED	2)	
	DISTRIBUTIO	DN.			
	SANTA FE		1		
	FILE		1	V	
	U.S.G.S.				
	LAND OFFICE				
	TRANSPORTER	OIL	- (
	THE TAXABLE PROPERTY.	GAS	i		
	OPERATOR		4		
í.	PRORATION OF	ICE			

New MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	Old 104 and Cal
SANTAFE FILE OUS.G.S. LAND OFFICE IRANSPORTER OPERATOR PROPATION OFFICE Operator E1 Paso Natural Gas Company Address Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease No. Johnston A Lease No. Johnston A Location Unit Letter M Feet From The Line and Pice Amorthe Supersedes Effective Iv AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Supersedes Effective Iv AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Other (Please explain) Name Change from Johnston State #4 So. Blanco Pictured Cliff State, Federal or F	
U.S.G.S. LAND OFFICE TRANSPORTER OPERATOR OPERATOR PRORATION OFFICE Operator E1 Paso Natural Gas Company Address Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name Lease No. Unit Letter M Feet From The Line and Feet From The Line and Feet From The Line and Feet From The Line and Feet From The Line and Feet From The Dia Armsha	1-65 '44 and C-
LAND OFFICE IRANSPORTER OIL OPERATOR PRORATION OFFICE Operator El Paso Natural Gas Company Address Reason(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas Name Change from Johnston State #4 If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name Lease No. Well No. Pool Name, Including Formation Lease Name Lease No. Well No. Pool Name, Including Formation Lease Name Lease No. Well No. Pool Name, Including Formation Lease Name Lease No. Well No. Pool Name, Including Formation Lease Name Lease No. Well No. Pool Name, Including Formation Lease Name Lease No. Well No. Pool Name, Including Formation Lease Name Lease No. Well No. Pool Name, Including Formation Lease Name Lease No. Well No. Pool Name, Including Formation Lease Name Lease No. Well No. Pool Name, Including Formation Lease Name Lease No. Well No. Pool Name, Including Formation Lease Name Lease No. Well No. Pool Name, Including Formation Lease Name Lease No. Well No. Pool Name, Including Formation Lease Name Lease No. Well No. Pool Name, Including Formation Lease Name Lease No. Well No. Pool Name, Including Formation Lease Name Lease No. Well No. Pool Name, Including Formation Lease Name Lease No. Well No. Pool Name, Including Formation Lease Name Lease No. Well No. Pool Name, Including Formation Lease Name Lease No. Well No. Pool Name, Including Formation Lease Name Lease Name Lease Name Lease No. Lease Name Lease Name Lease No. Well No. Pool Name, Including Formation Lease Name Name Change	
TRANSPORTER OIL (
Description of Well and direct of previous owner Description of well and direct of previous owner Description of Well and address Description of Well and address Description of Well and address Description of Well and address of previous owner Description of Well	
OPERATOR PRORATION OFFICE Operator El Paso Natural Gas Company Address Reason(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas Name Change from Change in Ownership Casinghead Gas Condensate Johnston State #4 If change of ownership give name and address of previous owner I. DESCRIPTION OF WELL AND LEASE Lease Name Lease No. Well No. Pool Name, Including Formation Kind of Lease Johnston A E-291-35 4 So. Blanco Pictured Cliff State, Federal or F Location Unit Letter M ; Feet From The Line and Feet From The	
Operator El Paso Natural Gas Company	
Reason(s) for filing (Check proper box) Reason(s) for filing (Check proper box) New We!!	
Reason(s) for filing (Check proper box) New We!l	
Reason(s) for filing (Check proper box) New Well	
New Well Change in Transporter of: Recompletion Oil Dry Gas Name Change from Change in Ownership Casinghead Gas Condensate Johnston State #4 If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE Lease Name Lease No. Well No. Pool Name, Including Formation Kind of Lease Johnston A E-291-35 4 So. Blanco Pictured Cliff State, Federal or F	
New We!l Change in Transporter of: Recompletion Oil Dry Gas Dame Change from Change in Ownership Casinghead Gas Condensate Johnston State #4 If change of ownership give name and address of previous owner Lease Name Lease No. Well No. Pool Name, Including Formation Kind of Lease Johnston A E-291-35 4 So. Blanco Pictured Cliff State, Federal or F Location Unit Letter M Feet From The Line and Feet From The 26	
Recompletion	
Change in Ownership	
If change of ownership give name and address of previous owner	
and address of previous owner	
Lease Name Lease No. Well No. Pool Name, Including Formation Kind of Lease So. Blanco Pictured Cliff State, Federal or F Location Unit Letter M Feet From The Line and Feet From The 26 Compared to the control of the control	
Lease Name Lease No. Well No. Pool Name, Including Formation Kind of Lease So. Blanco Pictured Cliff State, Federal or F Line and Feet From The So. Blanco Pictured Cliff State Federal or F Line and Feet From The So. Blanco Pictured Cliff State Federal or F Amerika	
Location Unit Letter M ; Feet From The Line and Feet From The	
Unit Letter M ; Feet From The Line and Feet From The	эе
26 26W 6W Dia Amerika	
Line of Section 36 Township 26N Range 6W , NMPM, Rio Arriba	
Line of Section. Township Range On , NMPM, NEW MILLION	
	Count
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil or Condensate X Address (Give address to which approved copy of this form	is to be sent)
El Paso Natural Gas Company	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form	is to be sent)
El Paso NaturalGas Company	
If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When	
give location of tanks,	
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same	Res'v. Diff. Res
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.	
Date opinion for the second se	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation. Top Oil/Gas Pay Tubing Depth	
Perforations Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS (EMENT
	or exceed top al
OUL WELL able for this depth or be for full 24 hours)	
	1/10/13/14
OUL WELL able for this depth or be for full 24 hours)	/ COJY
OIL WELL able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size	/ COL
OIL WELL able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)	YED. 1965
Actual Prod. During Test able for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.) Producing Method (Flow, pump, gas lift, etc.) Casing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MGF	1965 : COM.
Actual Prod. During Test able for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.) Producing Method (Flow, pump, gas lift, etc.) Casing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-Magf	COM.
Actual Prod. During Test able for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.) Casing Pressure Casing Pressure Choke Sign. Gas-MGF. 13	COM.
OIL WELL able for this depth or be for full 24 hours) Date First New Oil 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 Oil-Bbls. Water-Bbls. Gas-MGF	COM.
Date First New Oil Run To Tanks Date of Test Date First New Oil Run To Tanks Date of Test Date of Test Casing Pressure Chake First Actual Prod. During Test Cil-Bbls. Date of Test Water-Bbls. Gas-Magford Gas-Magford	COM.
Actual Prod. Test-MCF/D Actual Prod. Test-MCF/D Length of Test Casing Pressure Casing Pressure Casing Pressure Casing Pressure Choke Size Choke Size Choke Size Choke Size Choke Size Choke Size	1. COM.
Actual Prod. Test -MCF/D Casing Pressure Casing Pressure Casing Pressure Casing Pressure Choke Figs - Length of Test -MCF/D Casing Pressure Choke Figs - Length of Test -MCF/D Casing Pressure Choke Figs - Length of Test -MCF/D Casing Pressure Casing Pressure Casing Pressure Choke Size Choke Size Choke Size Choke Size	1. COM./ 3. 3
Actual Prod. Test-MCF/D Actual Prod. Test-MCF/D Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Cendens Casing Pressure Casing Pressure Casing Pressure Casing Pressure Choke Size Choke Size Choke Size APPROVED NOV 1 1965	COM.
Actual Prod. Test-MCF/D Actual Prod. Test-MCF/D Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Cendens Casing Pressure Casing Pressure Casing Pressure Casing Pressure Casing Pressure Choke Size Choke Size Choke Size APPROVED NOV 1 1965	COM.
Actual Prod. Test—MCF/D Actual Prod. Test—MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Cendensate Choke Size Choke Size Choke Size APPROVED NOV 1 1965	COM.
Actual Prod. Test-MCF/D Actual Prod. Test-MCF/D Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Cendens Casing Pressure Casing Pressure Casing Pressure Casing Pressure Casing Pressure Choke Size Choke Size Choke Size APPROVED NOV 1 1965	COM.
Date First New Oil Run To Tanks Date of Test Length of Test Length of Test Tubing Pressure Casing Pressure Casing Pressure Choke Size Choke Size Gas WELL Actual Prod. Test-MCF/D Length of Test Description of Test Actual Prod. Test-MCF/D Length of Test Description of Test Ength of Test Description of Test Ength of Test Bbls. Condensate/MMCF Gravity of Cendens Casing Pressure Casing Pressure Casing Pressure Choke Size Choke Size Choke Size OIL CONSERVATION COMMISS APPROVED NOV 1 1965 By Original Signed Emery C. Arno Supervisor Dist. # 3 TITLE	COM.
Date First New Oil Run To Tanks Date of Test Date First New Oil Run To Tanks Date of Test Date First New Oil Run To Tanks Date of Test Date First New Oil Run To Tanks Date of Test Date First New Oil Run To Tanks Date of Test Date First New Oil Run To Tanks Date of Test Date First New Oil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Casing Pressure Casing Pressure Casing Pressure Choke Size OIL CONSERVATION COMMISS APPROVED NOV 1 1965 Supervisor Dist. # 3 TITLE This form is to be filed in compliance with Run this is a sequent for allowable for a newly of this is a sequent for allowable for a newly of this is a sequent for allowable for a newly of this is a sequent for allowable for a newly of this is a sequent for allowable for a newly of this is a sequent for allowable for a newly of this is a sequent for allowable for a newly of this is a sequent for allowable for a newly of this is a sequent for allowable for a newly of this is a sequent for allowable for a newly of this is a sequent for allowable for a newly of this is a sequent for allowable for a newly of this is a sequent for allowable for a newly of this is a sequent for allowable for a newly of this is a sequent for allowable for a newly of this is a sequent for allowable for a newly of this is a sequent for allowable for a newly of this is a sequent for allowable for a newly of this is a sequent for allowable for a newly of this is a sequent for allowable for a newly of this is a sequent for allowable for a newly of this is a sequent for allowable for a newly of this is a sequent for allowable for a newly of this is a sequent for allowable for a newly of this is a sequent for allowable for a n	I COM. 3 ante
Date First New Oil Run To Tanks Date of Test Length of Test Length of Test Actual Prod. During Test Actual Prod. During Test Cil-Bbls. Casing Pressure Casing Pressure Casing Pressure Choke Size Choke Size Choke Size Casing Pressure Choke Size Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. CR G NAI SIGNED F. S. OBERLY Casing Pressure Casing Pressure Casing Pressure Casing Pressure Casing Pressure Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Commission have been complied by a tabulation of the complete to the best of my knowledge and belief. Commission have been complied by a tabulation of the complete to the best of my knowledge and belief. Commission have been complied by a tabulation of the complete to the best of my knowledge and belief.	I COM. 3 ante SION 1 19 104. 1 rilled or deepe in of the deviat
Date First New Oil Run To Tanks Date of Test Length of Test Length of Test Tubing Pressure Casing Pressure Casing Pressure Choke Size Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. (Signature) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Water-Bbls. Gas-MGF, I Commission Casing Pressure Casing Pressure Casing Pressure Casing Pressure Choke Size OIL CONSERVATION COMMISSION APPROVED NOV 1 1965 Supervisor Dist. # 3 TITLE This form is to be filed in compliance with R III this is a request for allowable for a newly of well, this form must be accompanied by a tabulatic tests taken on the well in accordance with R III E	I COM. 3 ante
Date First New Oil Run To Tanks Date of Test Length of Test Length of Test Actual Prod. During Test Actual Prod. During Test Cil-Bbls. Casing Pressure Casing Pressure Casing Pressure Choke Size Choke Size Choke Size Casing Pressure Choke Size Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. CR G NAI SIGNED F. S. OBERLY Casing Pressure Casing Pressure Casing Pressure Casing Pressure Casing Pressure Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Commission have been complied by a tabulation of the complete to the best of my knowledge and belief. Commission have been complied by a tabulation of the complete to the best of my knowledge and belief. Commission have been complied by a tabulation of the complete to the best of my knowledge and belief.	I COM. 3 ante

(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.