NO. OF COPIES RECI	EIVED	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.	_	
LAND OFFICE		
TRANSPORTER	OIL	
IRANSFORIER	GAS	
OPERATOR		2
PRORATION OF	TICE	
Operator		
HORTE	EST 1	2000
Address		

SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11
FILE	NEQUEST 1	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURA	AL GAS
LAND OFFICE	_		
TRANSPORTER GAS			
OPERATOR 2			
PRORATION OFFICE			
	CTION CORPORATION		
Address			
	EL PASO, TEXAS 79949	Oct on the state of	
Reason(s) for filing (Check proper b	Ohange in Transporter of:	Other (Please explain)	
Recompletion	Oil Dry Gas	s K	
Change in Ownership	Casinghead Gas Conden	sate	
f change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AN	D LEASE		
Lease Name	Well No. Pool Nam	ne, Including Formation	Kind of Lease JICARILIA
Location	2 TAPAC	TO PICTURED CLIFFS	State, Federal or Fee
	96 Feet From The SCUTE Line	e and 1090' Feet F	From The RAST
Unit Letter;4	reet From the Line		
Line of Section	Township 26 RGTM Range 4	WEST , NMPM,	RIO ARRIBA County
DECICAL/TION OF TRANSPO	ADTED OF OU AND NATURAL CA	6	
Name of Futhorized Transporter of	ORTER OF OIL AND NATURAL GA	Address (Give address to which o	approved copy of this form is to be sent)
Name of Authorized Transporter of	Casinghead Gas 🔲 💮 or Dry Gas 🌋	,	approved copy of this form is to be sent)
EL PASO KATURAL GAS	COMPANY Unit Sec. Twp. Rge.	BOX 990, PARKINGTO Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	NO	
<u> </u>	with that from any other lease or pool,		•
COMPLETION DATA			
Designate Type of Comple	etion - (X)	New Well Workover Deepe	en Plug Back Same Restv. Diff. Restv.
Date Spud led	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
JULY 21, 1965	JULY 30, 1965	3564 REB	3571
Pocl	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
TAPACITO PICTURED CL	ITES PICTURED CLIFFS	3500	3511 Depth Casing Shoe
Perforations 3505-3524 V/2 SHOTS/T	T		3564 REB
		CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" CD	143 RIB	100 SX
6-3/4"	4-1/2" 00	3564 REB	100 SX
TEST DATA AND REQUEST			nd oil and must be equal to or exceed top allow
OIL WELL	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, pump, pump)	ans lift etc.)
Date First New Oil Run To Tanks	AUGUST 13. 1965	PLOW	/ofl.riveD \
Length of Test	Tubing Pressure	Casing Pressure	Chok size
			Gas-MAUG 2 0 1965
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	OIL COM.
	<u> </u>		DIST. 3
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1022	3 HOURS	NONE	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
CERTIFICATE OF COMPLIA	ANCE	573 PSIA	RVATION COMMISSION
CERTIFICATE OF COMPLIA	ance	il	
I hereby certify that the rules a	nd regulations of the Oil Conservation	APPROVED	16 2 0 1965, 19
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Original Sig	ned Emery C. Arnold
		Su	pervisor Disk # 3
		TITLE	
			d in compliance with RULE 1104.
		If this is a request for	allowable for a newly drilled or deepened companied by a tabulation of the deviation

AUGUST 18, 1966

(Date)

tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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.

TABULATION OF DEVIATION TESTS TAKEN ON HWP WELL "N° 2 ficacelle 119 71 # 28E 8-26N-5W, Rio Arriba County, N. M.

At 140' - 3/4°

713' - 1/20

1315' - 3/40

1445' - 1/20

1887' - 3/40

2650' - 3/4°

3250' - 1-3/4°

3584' - 1º