NO. OF COPIES HEC	5		
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SANTA FE	1		
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U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL	1	
TAANSFORTER	GAS	1	
OPERATOR		1	
PROPATION OFFICE			
Operator	Cas	Co	

NEW MEXICO OIL CONSERVATION COMMISSION

Ì	SANTA FE /	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65					
	U.S.G.S.	AUTUODIZATION TO TOAK	AND ISPORT OIL AND NATURAL G	24					
	LAND OFFICE	AUTHORIZATION TO TRAIN	OF OR ARD RATORAL O						
	IRANSPORTER OIL /								
	GAS /		•						
1.	PROPATION OFFICE								
1.	Operator								
	El Paso NaturalGas Con	прапу							
	PO Box 990, Farmington	n, NM 87401							
	Reason(s) for filing (Check proper box)	_	Other (Please explain)						
	New Well	Change in Transporter of: Oil Dry Gas							
	Recompletion Change in Ownership	Casinghead Gas Condens	ate 🗍						
	If change of ownership give name and address of previous owner								
**	DESCRIPTION OF WELL AND I	EASE							
11.	Lease Name	Well No. Pool Name, including rot							
	Curyon Edgo Cine								
	Location H . 1500	Feet From The North Line	and 930 Feet From	rhe <u>Fast</u>					
	Onn Letter			P.i. Armila Camtu					
	Line of Section 30 Tow	nship 25N Range	6W , NMPM,	Rio Arriba County					
	DECICNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S						
HK.	II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil or Condensate Address (Give address to which approved copy of this form is to be sent)								
	El Paso Natural Gas Co	mpany	PO Box 990. Far Address (Give address to which appro	rmington, NM 8/401 ved copy of this form is to be sent)					
	El Paso Natural Gas Co			rmington, NM 87401					
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Wh	en					
	give location of tanks.	H 30 25N 6W							
,	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:						
1 V .	COMPLETION DATA	Cars On went	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.					
	Designate Type of Completio	n - (X) X Date Compl. Ready to Prod.	X	P.B.T.D.					
	Date Spudged 9-26-73	10-29-73	2778'	2768'					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top OX/Gas Pay	Tubing Depth					
	6775'GL	Pictured Cliffs	2594'	tubingless Depth Casing Shoe					
	Perforations 2594-2614', 2624-30' a	nd 2684-98'		2778'					
	20/1 2011; 2021 00 2	TUBING, CASING, AND		SACKS CEMENT					
	HOLE SIZE	CASING & TUBING SIZE	127'	106 cu. ft.					
	12 1/4" 7 7/8" & 6 3/4"	8 5/8'' 2 7/8''	2778'	269 cu. ft.					
	7 7/0 & 0 0/1	tubingless							
			f and almost load of	l and must be equal to or exceed top allow-					
V	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed able for this depth or be for full 24 hours)								
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	ift, etc.)					
		Tubing Pressure	Cusing Pressure	Chote Size					
	Length of Test	I dbing Freeze	A CONTRACTOR OF THE PARTY OF TH						
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MC					
				(1/3/2					
	GAS WELL		k _{OA}	COM.					
	Actual Prod. Test-MCF/D	Length of Test	Bisla. Condensate/MMCF 012 CO	COM. N Gravity of Condensate					
	1345	3 hrs. Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size					
	Testing Method (pitot, back pr.) Calc. AOF	tubingless	256	3/4"					
vi	. CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION					
* 1			APPROVED NOV 9 10	373, 19					
		regulations of the Oil Conservation with and that the information given	A State of the sta						
I hereby certify that the rules and regulations 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.		SA OLIGINAL PLANE AND PROPERTY AND STATEMENT							
		TITLE SUPERVISOR DIST. #3							
	$n = l_1 - l_2$		This form is to be filed in compliance with RULE 1104.						
Drilling Clerk (Title) November 9, 1973		If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation 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 only Sections I. II. III. and VI for changes of owner, well name or number, or transporter, or other such change of condition.							
						(D	ate)	Separate Forms C-104 mi completed wells.	ust be filed for each pool in multiply
								ii combining merre.	