STATE OF THEW IMPRECO Form C-104 Revised 10-1-78 TERMINARI CIMBUNI (MA YOUN) OIL CONSERVATION DIVISION ens a numera inm P. O. HOX 2088 ----SANTA EE, NEW MEXICO 87501 11 S KIETT CIPPITE PEQUEST FOR ALLOWABLE TRANSPORTER AND API 30-039-21972 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PAUNPLION OPPICE El Paso Natural Gas Company Box 289, Farmington, New Mexico 87401 Reason(s) for tiling (Check proper bos) Other (l'lease explain) Haw Wall Recompletion Change in Ownership Castrohead Gas Condensate If change of ownership give name and address of previous owner \_\_\_\_ DESCRIPTION OF WELL AND LEASE.

[Well No.] Pool Name, Including Formation Lease No. Federal or Rincon Unit 100A Blanco Mesa Verde SF0 79 36 7 1 A Location 1800 South Line and \_\_ 1850 Feet From The Unit Letter Township 27-North Range 6-West , NMPM, Rio Arriba Line of Section County Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company Box 289, Farmington, New Mexcio 87401 Name of Authorized Transporter of Casinghead Gas or Dry Gos [X] Address (Give address to which approved copy of this form is 10 be sent) El Paso Natural Gas Company Box 289, Farmington, New Mexico 87401 Twp. If well produces oil or liquids, give location of tanks. ¦́ј 26 27-N 6 w If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Same Res'v. Diff Res'v. Designate Type of Completion - (X) Date Compl. Heady to Prod. Date Soudded 59371 9-11-79 59531 1-28-80 Elevations (DF, RKB, RT, GR, etc.) 6648 GL Tubing Dopih of Producing Formation 58801 Mesa Verde 49641 Depth Casing Shoe Perforations 4964,4972,4980,4988,4996,5002,5010,5018,5026,5044,5058,5136,5142 59531 5178,5184,5219,5247,5318,5344,5418,5424,5481,5502,5508,5513,5518,5524, 5532,5538,5544,5550,5558,5564,5578,5614,5627,5644,5681,5695;5750,5773,5797,5847,5890 CASING & TUBING SIZE DEPTH SET SACKS CEMENT HOLE SIZE 9 5/8" 220 **'** 13 3/4" 224 cu. ft 7" 8 3/4" 36601 215 cu. ft 4 1/2" Liner 6 1/4" 3460-59531 430 cu. ft 2 3/8" 5880' TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, Date of Teet Date First New Oil Run To Tonks Casing Pressure Length of Test Tubing Pressure FEBF 4 1980 Oil-Bbls. Water . Bbie. Actual Prod. During Test DIL: CON. CO. DIGI. 3 GAS WELL lly of Condens

Actual Prod. Test-MCF/D

Testing Method (pilot, back pr.)

CERTIFICATE OF COMPLIANCE

Drilling Clerk

January 31, 1980

Length of Test

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 best of my knowledge and belief.

Tubing Pressue (shot-is) 437

OIL CONSERVATION DIVISION

FEB 1 1 1980 Original Signed by FRANK T. CHAVEZ

Chote Sine

Bbis. Condensate/AIMCF

687

Cosing Pressure (Shut-in)

SUPERVISOR DISTRICT # 3 TITLE .

This form is to be filed in compliance with RULE 1104.

If this is a request for sliowable for a newly drilled or despe well, this form must be accompanied by a talkistion 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 walls.

Fift out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Reparate Forms C-104 must be filed for each pool in multiply magnified wells.