	NO. OF COPIES RECEIVED		<del>-</del>			
	DISTRIBUTION					
	SANTA FE	1	-	1	1EM WEX	
	FILE	/			F	REQUES
	U.S.G.S.					
	LAND OFFICE		Al	JTHOR	IZATIO	N TO T
		1				
	TRANSPORTER OIL		_			
	GAS	100	_		•	
	OPERATOR	£ 1	_			
1.	PRORATION OFFICE Operator					
	Operator					
	Address El Paso Nat	ural	Gas Cor	menv		
	Address			-Port		
	Box 990 Fee	rmi no	eton No	T. Mar	daa	
	Reason(s) for filing (Check p.	roper be	x) - 110	W PRCA	100	
	New Well		Cha	nge in Ti	ansporter	of:
	Recompletion		Oil			Dry
	Change in Ownership		Cas	inghead (	Gas 🔲	Con
	If change of ownership give					
	and address of previous ow	ner				
TT	DESCRIPTION OF WELL	f ANIT	TEASE			
	DESCRIPTION OF WELL	LANL		ase No.	Well N	o. Pool
	Location Whan Jones			-2	Besi	n Dake
	Unit Letter <b>L</b>	;	180 Fe	et From 7	hee_	1 <del>11</del>
	_		-100		50	ucii
	Line of Section 30	Т	ownship	-/		Range
	J0			70-111		
				26N		
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III.	Name of Authorized Transport  F1 Paso Natu  Name of Authorized Transport	ral ( ter of C	Ges Com	OIL AN		X
III.	Name of Authorized Transport	ral der of C	Ges Com	OIL AN	ensate [	X
III.	Name of Authorized Transport  F1 Paso Natu Name of Authorized Transport  E1 Paso Natu	ral der of C	Ges Com asinghead G	or Cond	or Dry C	Rge.
III.	Name of Authorized Transport  F1 Paso Natu  Name of Authorized Transport  E1 Paso Natu  If well produces oil or liquids give location of tanks.	ter of O	GBS Com  GBS Com  Unit	or Cond pany as peny Sec.	or Dry C	Rge.
	Name of Authorized Transport  FI Paso Natu  Name of Authorized Transport  FI Paso Natu  If well produces oil or liquids give location of tanks.  If this production is comming	ter of O	GBS Com  GBS Com  Unit	or Cond pany as peny Sec.	or Dry C	Rge.
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## \_ CONSERVATION COMMISSION ST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

	U.S.G.S.	ALITHODIZATION TO TO	AND	Effective 1-1-65				
	LAND OFFICE	AUTHORIZATION TO TR	RANSPORT OIL AND NA	FURAL GAS				
	TRANSPORTER OIL							
	GAS /							
	OPERATOR 2							
I.	PRORATION OFFICE Operator							
	Address El Paso Natural Gas Company							
	Reason(s) for filing (Check proper bo	ton, New Mexico						
	New Well	Change in Transporter of:	Other (Please ex	olain)				
	Recompletion	Oil Dry C	Gas					
	Change in Ownership	Casinghead Gas Cond	ensate Change Na	me from Whan Jones #1				
	If change of ownership give name							
	and address of previous owner							
11.		DESCRIPTION OF WELL AND LEASE						
	Lease Name	Lease Name Lease No. Well No. Pool Name, Including Formation Kind of Lease						
	Location Jones	2 Basin Dako	ta	State, Federal or Fee  Indian				
				anatell.				
	Unit Letter;;	Feet From The South	ine andF	eet From The				
	Line of Section To	ownship Range	, NMPM,	County				
	30	26N	8w	San Juan				
Щ.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL G	AS Address (Give address to wi	nich approved copy of this form is to be sent)				
	El Paso Natural (	X						
	Name of Authorized Transporter of Co	singhead Gas 🔃 or Dry Gas 🗔	Address (Give address to the	ton approved copy of this form is to be sent)				
	El Paso Natural (		Box 990, Farmir	gtonwh New Mexico				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	S contained MEXICO				
		L 30 26N 8W						
IV.	COMPLETION DATA	ith that from any other lease or pool	, give commingling order nu	nber:				
	Designate Type of Completi	on (Y)	New Well Workover I	Plug Back   Same Res'v. Diff. Res'v.				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	Í			, ,				
	Perforations			Depth Casing Shoe				
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
17	TEST DATA AND BEOLIEST E	OD ALLOWADIE (Townson)						
٧,	OIL WELL							
	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				
				JUL 25 1966				
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-Coll CON. COM.				
				DIST.				
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size				
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CON	SERVATION COMMISSION				
			APPROVED JUL 2 5 1966 , 19					
	Commission have been complied to	regulations of the Oil Conservation with and that the information given						
	above is true and complete to the	e best of my knowledge and belief.	By Origina	Signed by A. R. Kendrick				
			TITLE PETROLEUM ENGINEER DIST NO. 3					
	Original Signad E H WOOD		This form is to be filed in compliance with RULE 1104.					
	Original Signed F. H. WOOD		If this is a request	for allowable for a newly drilled or deepened				
	, •	ature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
	Petroleum Engineer	*/e}	All sections of this	form must be filled out completely for allow-				
	July 20, 1966	, we /	able on new and recomp	leted 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.					

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.