1.	DISTRIBUTION ANTAFE / FILE / U.S.G.S. LAND OFFICE TRANSPORTER OIL / GAS / OPERATOR / PRORATION OFFICE		CONSERVATION COMM FFOR ALLOWABLE AND PANSPORT OIL AND		Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
•	Operator El Paso Natural Gas C Address P. O. Box 990, Farmin Reason(s) for filing (Check proper bo) New Well Recompletion Change in Ownership	gton, NM 87401 Change in Transporter of: OII Dry G	F= 1	explain)		
	If change of ownership give name and address of previous owner	Casinghead Gas Conde	ensate			
11.	DESCRIPTION OF WELL AND Lease Name Huerfano Unit Location	LEASE Well No. Pool Name, Including F		Kind of Lease State (Federal of Fee	Lease No. SF078005	
	77	40 Feet From The S Lin		Feet From The	W	
		wnship 26N Range	10W , NMPM,	San Juar	County	
	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 the province of Authorized Transporter of Casinghed Gas c: Dry Gas X Address (Give address to which approved copy of this form is to the province of Authorized Transporter of Casinghed Gas c: Dry Gas Address (Give address to which approved copy of this form is to the province of Authorized Transporter of Casinghed Gas c: Dry Gas Address (Give address to which approved copy of this form is to the province of Authorized Transporter of Casinghed Gas c: Dry Gas Address (Give address to which approved copy of this form is to the province of Authorized Transporter of Casinghed Gas c: Dry Gas Address (Give address to which approved copy of this form is to the province of Authorized Transporter of Casinghed Gas c: Dry Gas Address (Give address to which approved copy of this form is to the province of Authorized Transporter of Casinghed Gas c: Dry Gas Address (Give address to which approved copy of this form is to the province of Authorized Transporter of Casinghed Gas c: Dry Gas Address (Give address to which approved copy of this form is to the province of Authorized Transporter of Casinghed Gas c: Dry Gas Address (Give address to which approved copy of this form is to the province of Authorized Transporter of Casinghed Gas c: Dry Gas Address (Give address to which approved copy of this form is to the province of Authorized Transporter of Casinghed Gas c: Dry Gas Address (Give address to which approved copy of this form is to the province of Authorized Transporter of Casinghed Gas c: Dry Gas Address (Give address to which approved copy of this form is to the province of Authorized Transporter of Casinghed Gas c: Dry Gas Address (Give address to which approved copy of this form is to the province of Authorized Transporter of Casinghed Gas c: Dry Gas Address (Give address to which approve					
I V .	this production is commingled with that from any other lease or pool, give commingling order number: OMPLETION DATA					
	Designate Type of Completion - (X)		New Well Workover	Deepen Plug Bo	ick Same Resty Bill. Restv.	
-	Date Spudded 04-07-75 Elevations (DF, RKB, RT, GR, etc.) 6642 GL	Date Compl. Ready to Prod. 05-08-75 Name of Producing Formation Dakota	Total Depth 6658 1 Top OX/Gas Pay 6466	P.B.T.E 664 Tubing	01 0M.	
-	Perforations 6466', 6481', 6520', 6538', 6586', 6604', 6628		31	661 Depth 0	asing Shoe	
-	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE			
T	12 1/4"	8 5/8"	2281		SACKS CEMENT	
F	7 7/8''	4 1/2"	6658'		9 cu. ft. 3 cu. ft.	
E		2 3/8"	6619'		ing	
_(FEST DATA AND REQUEST FOOIL, WELL Date First New Oil Run To Tanks	OR ALLOWABLE (Test must be af able for this de	pin or be for full 24 hours)		e equal to or exceed top allow-	
			Producing Method (Flow, pump, gas lift,			
	Length of Test	Tubing Pressure	Casing Pressure	Chok• S.	120	
-	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MC	F	

GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate XXXXX 3 hours Gravity of Condensate 3183 3 hours 45.30 API Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) Casing Pressure (Shut-in) Calc. A.O.F. 1639 1887 3/4" Variable

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

IA 1 P	
M. D. Susco	
- 10 - 1200 CD	
(Signature)	
Drilling Clerk	

(Title)

May 28, 1975

OIL CONSERVATION COMMISSION

1975 گر <u>NU</u>N کھ APPROVED_ BY Original Signed by Amery C. Arnold SUPERVISOR DIST. #3

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 111.

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

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. Connecte Forms C-104 must be filed for each pool in multiply