DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA LL REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILC Effective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER **OPERATOR** PRORATION OFFICE El Paso Matural Gas Company Box 990, Firmington, New Mexico 87401 Recson(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease \$F 079732 San Juan 28-4 Unit 11 Blanco Mesa Verde State, Federal or Fee Location ; 1700 Feet From The North Line and 1760 East Feet From The 4W Township 28N NMPM, Range Rio Arriba DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of CII or Condensate (7) Name of Authorized Transporter of Cil or Condensate X Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company Box 990, Farmington, New Mexico 87401 Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) 501 Airport Drive, Farmington, New Mexico 87401 Northwest Pipeline Corporation , Sec. When Pge Unit Is gas actually connected? If well produces oil or liquids, 28n: 4w 31 G f this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Same Res'v. Diff. Res'v. Plug Back Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT DEPTH SET (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) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Tubing Pressure Casing Pressure Choke Size Length of Test Water - Bbis. Oil-Bbls. Actual Prod. During Test 1974 GAS WELL CON. Actual Prod. Tost-MCF/D Length of Test Bbls. Condensate/M CON Cosing Pressure (Shut Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) DIS OIL CONSERVATION C Chwile and CERTIFICATE OF COMPLIANCE APPROVED. hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief. Original Signed by Emery C. Arnold SUPERVISOR DIST. #3 TITLE ___ This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened

(Signature)

(Title)

(Date)

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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.

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Lease No.

County