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| U.S.G.S.               |     |   | <u> </u> |  |
| LAND OFFICE            |     |   | <u> </u> |  |
| TRANSPORTER            | OIL |   |          |  |
|                        | GAS |   | 1        |  |
| OPERATOR               |     | 4 |          |  |

| DISTRIBUTION /  |   | ONSERVATION COMMISSION<br>FOR ALLOWABLE                                   | Form C-104  Supersedes Old C-104 and C-110  Effective 1-1-65   |  |  |
|---|---|---|--|--|--|
| FILE 1'C  |   | AND   |  |  |  |
| U.S.G.S.  | AUTHORIZATION TO TRA  | NSPORT OIL AND NATURAL  | GAS  |  |  |
| OIL   |   |   |  |  |  |
| TRANSPORTER GAS   |   |   |  |  |  |
| OPERATOR 4  |   |   |  |  |  |
| PRORATION OFFICE Operator                                       |   |   |  |  |  |
| El Paso Natural   | Gas Company   |   |  |  |  |
| Address Roy 000 Farmin  | gton, New Mexico  |   |  |  |  |
| Reason(s) for filing (Check proper b                            |   | Other (Please explain)  |  |  |  |
| Hew Well  | Change in Transporter of:   | Remedial Work -   | - See Back for Details   |  |  |
| Hecompletion  | Casinghead Gas Conde  |   |  |  |  |
| Change in Ownership   | Casinghead Gas Conder   | msdie   |  |  |  |
| If change of ownership give name                                |   |   |  |  |  |
| and address of previous owner                                   |   |   |  |  |  |
| DESCRIPTION OF WELL AN  | D LEASE Well No. Pool No.   | ime, Including Formation  | Kind of Lease  |  |  |
| Lease Name San Juan 28-7 U                                      | nit 136 Bas   | sin Dakota  | State, Federal or Fee  |  |  |
| Location  |   | _   |  |  |  |
| Unit Letter ;1  | 650 Feet From The <b>South</b> Lin  | ne and <b>1650</b> Feet From  | The <b>Fast</b>  |  |  |
| Line of Section 14  | Township <b>28N</b> Range   | 7W , NMPM, Rio Ai   | rriba County   |  |  |
| Line of Section 14 ,  | CWISIID   |   |  |  |  |
| DESIGNATION OF TRANSPO  | RTER OF OIL AND NATURAL GA  | AS  | roved copy of this form is to be sent)   |  |  |
| Name of Authorized Transporter of                               | Cil or Condensate   | Address (Give duaress to which upp  | over copy of this farm to the first  |  |  |
| Name of Authorized Transporter of                               | Casinghead Gas or Dry Gas   | Address (Give address to which app  | roved copy of this form is to be sent)   |  |  |
| Nume 3. Numerical in  | <del></del>   |   |  |  |  |
| If well produces oil or liquids,                                | Unit Sec. Twp. Rge.   | Is gas actually connected?  | Vhen   |  |  |
| give location of tanks.   | 1 1 1   |   |  |  |  |
| If 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  | Plug Back   Same Res'v. Diff. Res'v  |  |  |
| Designate Type of Comple  |   |   | P.B.T.D.   |  |  |
| Date Spudded  | Date Compl. Ready to Prod.  | Total Depth   | P.B.1.D.   |  |  |
| Pool  | Name of Producing Formation   | Top Oil/Gas Pay   | Tubing Depth   |  |  |
| 1-001   |   |   |  |  |  |
| Ferforations  |   |   | Depth Casing Shoe  |  |  |
|   | TURING CASING AN  | ND CEMENTING RECORD   |  |  |  |
| HOLE SIZE   | CASING & TUBING SIZE  | DEPTH SET   | SACKS CEMENT   |  |  |
|   |   |   |  |  |  |
|   |   |   |  |  |  |
|   |   |   |  |  |  |
| . TEST DATA AND REQUEST   | FOR ALLOWABLE (Test must be   | after recovery of total volume of load of                                 | oil and must be equal to or exceed top allo  |  |  |
| OIL WELL  | ante joi titts c  | depth or be for full 24 hours)  Producing Method (Flow, pump, gas         | lift, etc  |  |  |
| Date First New Oil Run To Tanks                                 | Date of Test  | Troducing manner (2 100), Facility of                                     | CCEIVED  |  |  |
| Length of Test  | Tubing Pressure   | Casing Pressure   | Q H 32   |  |  |
|   |   | 711   | Grand 1 1965   |  |  |
| Actual Prod. During Test  | Oil-Bbls.   | Water-Bbls.   | Gas-W-21 1965  |  |  |
|   |   |   | OIL COM.   |  |  |
| GAS WELL  |   |   |  |  |  |
| Actual Prod. Test-MCF/D   | Length of Test  | Bbls. Condensate/MMCF   | Gravity of Condens ate   |  |  |
| 1704 MCF/D Testing Method (pitot, back pr.)                     | 3 Hours Tubing Pressure   | Casing Pressure   | Choke Size   |  |  |
| Testing Method (pitot, back pr.)  Calculated A.0                |   | 2654  | 3/4"   |  |  |
| I. CERTIFICATE OF COMPLI  |   | OIL CONSER  | VATION COMMISSION  |  |  |
| i. CERTIFICATE OF COME 2.                                       |   |   | 6-2/, 19 65  |  |  |
| I hereby certify that the rules                                 | and regulations of the Oil Conservation                                     | APPROVED  | , 19   |  |  |
| Commission have been compliate to above is true and complete to | ed with and that the information give<br>the best of my knowledge and belie | f. BY Einery C  | (lund)   |  |  |
| -   |   | #   |  |  |  |
|   | CONTR C A ADEDIV  |   | in compliance with RULE 1104.  |  |  |
| ORIGINAL SIGNED   | ORIGINAL SIGNED E.S. OBERLY   |   | route the amount for allowable for a newly drilled or deepene  |  |  |
|   | (Signature)   | well, this form must be accordance tests taken on the well in accordance. | well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with RULE 111. |  |  |
| Petroleum Engineer  |   | All sections of this form must be filled out completely for allow         |  |  |  |
| - (Title)   |   | able on new and recompleted   | i wells.<br>III and VI only for changes of own   |  |  |
| 6-16-65   | (Date)  | well name or number, or trans   | porter, or other such change of condition  |  |  |
|   |   | Separate Forms C-104 to completed wells.                                  | must be filed for each pool in multip  |  |  |
|   |   | " compress  |  |  |  |

Set choke, removed xmas tree, installed B.O.P., pulled tubing, went

in w besket and gauge ring, hit tight spot at 7411. But on sinker bar, went

to total depth.

59-5-5

at 7609-12, SN @ 76081. .'T4.145T ts bedraf ('T4.936T) gardut ??-1 .#T.# statet 145 man 59-0T-S cement, final pressure 4500#. Squeezed perfs 7706-36, 7750-53, 7768-7802, 7843-67 w/50 sacks regular **59-6-**5

Date well was tested. 59-12-5