			I				
NO OF CO-114 MICELIANS							
DESTRIBUTION	MEW MEXICO OIL	CONSERVATION COMMISSION	Form C -104				
SPETATE	·- •	FOR ALLOWABLE	Supersedes Old C-104 and C-1				
1115	THE RELIGIOUS	AND	Effective 1-1-65				
		1 11 121	AL CAS				
0.8.6.8.	AUTHURIZATION TO TR	AUTHORIZATION TO TRANSPORT OIL AND NATURAL G					
LAND OFFICE							
THANSPORTER OIL							
I GAS //							
O'LIFAT OF		·					
PROBATION OFFICE							
Operator							
El Paso Natural Ga	is Company						
Addres.							
PO Box 990, Farm	ington, NM 87401						
Reason(s) for filing (Check proper)		Other (Please explain,)				
	Change in Transporter of:						
New Wali	r r	as [
Recempletion [])=====================================						
Change in Ownershi;	Casinghead Gas Cond	erisate []					
If change of ownership give name and address of previous owner							
and ad head of present as constitution							
I. BESCHIPTION OF WELL AN	D LEASE						
Usase Name	i Well Me., Hool Marie, including	Formation Kind of	· · · -				
San Juan 28-6 Unit	174 So. Blanco P	ictured Cliffs Ext. State, A	(ederal o) Fee SF 079419				
Largua							
	650 Feet From The North L	1090	From The West				
Unit Letter E	Feet From The TioTur	ine and reet	Tolk The				
1	0.037	6W , NMPM,	Rio Arriba County				
Line of Section 36	Township 28N Range	O VV , 14101-191,	100 7111100				
I. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS	approved copy of this form is to be sent)				
Name of Authorized Transporter of El Paso Nat ural G	or Condensate X	PO Box 990, Far	in ington, NM 87401				
El Paso Na urar o	as company	:					
Name of Authorized Transporter of	Casinghead Gas Corp. or Day Gas X	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural G	as Company		mington, NM 87401				
	Unit Sec. Twp. Ege.	Is gas actually connected?	When				
If well produces oil or liquids, give location of tanks.	E 36 28N 6W						
		in the sector much of					
	with that from any other lease or pool	, give comminging order number					
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deep	en Flug Back Same Resty. Diff. Rest				
Designate Type of Comple		X					
Designate Type of Compte			P.B.T.D.				
Date Spudded	Date Compl. Ready to Fred.	Total Depth	3515'				
4-20-73	6-22-73	3525'					
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Tor XII/Gas Pay	Tubing Depth				
i	Pictured Cliffs	3370'	tubingless				
6590'GL	1 Total Office		Depth Casing Snoe				
3370-90' and 3400) - 20'		3525'				
0070 70 4114 0100		ND CEMENTING RECORD					
	The state of the s	DEPTH SET	SACKS CEMENT .				
HOLE SIZE	CASING & TUBING SIZE	137'	112 cu.ft.				
12 1/4"	8 5/8"		281 cu. ft.				
6 3/4''	2 7/8''	3525'	201 Cu. 1t.				
	tubingless						
	1						
THE PROPERTY AND A SUPERIYATION	FOR ATTOWARTE (Text must be	after recovery of total volume of la	ed oil and must be equal to or exceed top allo				
V. TEST DATA AND REQUEST	able for this	depth or be for full 24 hours)					
Olf. WELL Date First New Oil Hun To Tanks	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)				
Date : 1.51 How On How to 1 dive							
	Tubing Pressure	Casing Pressure	Choke Size				
Length of Test	A MANAGEMENT OF THE PARTY OF TH		/OFITIVED \				
	Out Phile	Water-Bbls.	Gag-MELULI				
Astual Drad During Test	Oil-Bbls.		1 7 -				

Actual Pred, Test-MCF/D 1905	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Granding of Scholanding 3
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Calc. AOF	tubingless	1051	3/4"

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 commission have been complied to the heat of my knowledge and belief.

above is true and complete to the best of my knowledge and better
La fragilia de la companya della companya della companya de la companya della com
Drilling Clerk
June 28, 1973

OIL CONSERVATION COMMISSION

APPROVED	JUL	9	1973			. 19
APPROVED Original BY	Signed	ру	Emery	C.	Arnold	
TITLE SUPER	RVISOR I)IS	r. #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 RULE 111.

All sections of this form must be filled out completely for silow-able 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.