NO. OF COPIES REC	t ive p	ı	<u> </u>
DISTRIBUTE	1		
SANTA FE	17		
FILC	1	٠	
U.S.G.5.	1		
LAND OFFICE			
IRANSPORTER	OIL	[•]	
IMANSFORTER	GA5		
OPERATOR	/		
PROPATION OF			
Operator			

DISTRIBUTION SANTA FE			NEW MEXICO OIL CONSERVATION COMMISSION			Form C-104	
FILC			REQUEST FOR ALLOWABLE Superzedes Old C-104 and C Effective 1-1-65				
U.S.G.S.			AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
IRANSPORTER OIL	•						
GA5							
OPERATOR PROBATION OFFICE							
Operator			_				
El Paso Natura	<u>1 G</u>	<u>a.s.</u>	Company				
Box 990, Frrmi				To: - 701			
Reason(s) for filing (Check pr	oper	boxj	Change in Transporter of:	Other (Pleas	e explain)		
Recompletion			Oil Dry Ga	s 🔯		•	
Change in Ownership			Casinghead Gas Conden	isate []]	
If change of ownership give and address of previous own		e					
DESCRIPTION OF WELL	A	ND I	FASE				
Lease Name			Well No. Pool Name, Including Fo		Kind of Lease	Lease No. SF 079051-	
San Juan 28-6 Ui	nit		172 So. Blanc	.or 0	State, Figural c	gr 0/30/1-	
Unit Letter I	·	17	50 Feet From The South Line	• and 890	Feet From Th	East	
			_	6W , NMPA	. Rio Ari	riba County	
Line of Section 35		100	nship 28M Range	Cir / Isor-ii	, 1(30 130	County	
DESIGNATION OF TRAN	SP	ORT	FER OF OIL AND NATURAL GA	S Address (Give address	to which approve	d copy of this form is to be sent)	
El Paso Natura	1 0	as	Company	Box 990, Farmington, New Mexico 87401.			
Name of Authorized Transport	er of	Cas	Inghead Gas or Dry Gas X	ļ.		noton New Marian 871101	
Northwest Pipe		ie C	Unit Sec. Twp. Rge.	501 Airport Drive, Farmington, New Mexico 87401 Is gas actually connected? When			
If well produces oil or liquids give location of tanks.			I		<u> </u>		
If this production is commin COMPLETION DATA	gled	with	h that from any other lease or pool,	give commingling orde	r number:		
Designate Type of Co	mpl	etio	n - (X) Gas Well	New Well Workover	Deepen	Plug Back Same Res'v. Diff. Res'v.	
Date Spudied			Date Compi. Ready to Prod.	Total Depth		P.B.T.D.	
			Name of Production Committee	Top Oil/Gas Pay T		Tubing Depth	
Elevations (DF, RKB, RT, GR	i, etc	; ;	Name of Producing Formation	1.65 3.17 3.15			
Perforations		-				Depth Casing Shoe	
			TUBING, CASING, AND	CEMENTING RECOF	L		
HOLE SIZE			CASING & TUBING SIZE	DEPTH S		SACKS CEMENT	
						Sell In	
TOTAL AND DEOL			ND ALLOWARIE (Test must be of	l fter recovery of total volu pth or be for full 24 hour	ne of lead oil an	done the pull to be exceed top allow-	
TEST DATA AND REQU OIL WELL				pih or be for full 24 hour Producing Method (Flor	s)		
Date First New Oil Run To To	inks		Date of Test	Producing Method (Fibe	D, PEMP, Eus C.J.	3.80	
Length of Test			Tubing Pressure	Casing Pressure		Choke Size	
Actual Prod. During Test			Oil-Bbls.	Water-Bbls.		Galler DIST	
Metadi Fibai Barriy 177							
CAC WELL							
GAS WELL Actual Prod. Tost-MCF/D			Length of Test	Bbls. Condensate/MMC	F	Gravity of Condensate	
Teating Method (pitot, back p	<u>,)</u>		Tubing Pressure (Shut-in)	Casing Pressure (Shut	(ai-	Choke Size	
1 and 10 the 10							
CERTIFICATE OF COM	PLI	ANC	Œ	OIL	CONSERVAT	TION COMMISSION 197	
I hereby certify that the rul	ca a	nd re	egulations of the Oil Conservation	APPROVED			
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.		BY PETROLEUM INSTELLE LIST, NO. 3					
				PETROLE	فالمراك المالات الملال	a profit in the second	
•				This form is to	o be filed in co	mpliance with RULE 1104.	
				If this is a request for allowable for a newly drilled or deepened			
(Signature)			tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-				
EED 4 107 4		(Tit	le)	able on new and re	completed well	£.	
FEB 4 1974			Fill out only Sections I. II, III, and VI for changes of owner.				

(Date)

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.