NO. OF COPIES RECEIVED		i	
DISTRIBUTION			×
SANTA FE			
FILE		/	
U.S.G.S.			ļ
LAND OFFICE			
IRANSPORTER	OIL	/	
	GAS		
OPERATOR		4	
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DISTRIBUTION SANTA FE	1	O'ISERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL	. GAS	
IRANSPORTER OIL / GAS				
OPERATOR 9				
El Paso Natural Gas CO	mpany			
Box 990, Farmington, W Reason(s) for filing (Check proper box	ew Mexico	Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Cil Dry Ga Casinghead Gas Conder	≓ I		
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	LEASE Well No. Pool No.	me, Including Formation	Kind of Lease	
Huerfanito Unit	88(MV) BL	anco Mesa Verde	State, Federal or Fee	
Unit Letter B; 800	Feet From The North Lin	e andFeet Fro	m The Sast	
	Arms _	SW , NMPM, San	Juan County	
DESIGN TION OF TRANSPOR Name of Futhorized Transporter of Oi	TER OF OIL AND NATURAL GA	Address (Give address to which app	proved copy of this form is to be sent)	
Fl Pago Natural Gas Co	mmeny .	Rox 990. Farminaton. N	ew Mexico	
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas 🛣	Address (Give address to which app	proved copy of this form is to be sent)	
El Paso Natural Gas Co	Unit Sec. Twp. Rge.	Box 990, Farmington, N	ew Mexico When	
If well preduces oil or liquids, give location of tanks.	B 23 27N 9/			
If this production is commingled with COMPLETION DATA	ith that from any other lease or pool,		Plug Back Same Res'y, Diff, Res'y	
Designate Type of Completi	on - (X) Oil Well Gas Well	New Well Workover Deeper	Plug Back Same Restv. Diff. Restv	
Date Spudded 4-17-65	Date Compl. Ready to Prod. 5-4-65	Total Depth 6772	P.B.T.D.	
Pool Blanco Mesa Verde, Ext	Name of Producing Formation Mess Verde	Top CON Gas Pay	Tubing Depth no tubing	
Perforations 4400-16; 4430-46		<u> </u>	Depth Casing Shoe	
4400-20, 4470-10	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
13 3/4"	9 5/8"	32 7 45 19	175	
8 3/4"	2 7/8"	6772	120	
8 3/4",7 7/8",5 3/4"	2 7/8"	0//2	P.C.100	
TEST DATA AND REQUEST FOIL WELL	FOR ALLOWABLE (Test must be able for this d	epth or be for full 24 hours)	oil and must be equal to or exceed top allow	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga.	s lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	cho KILLIVED	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	G-MCSEP 3 1965	
	- '		CIL SON. COM.	
GAS WELL		T D 1 - C - 1	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity & Condensate	
2767 MCF/D Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
Calculated A.O.F.	No tubing	1116	3/4"	
. CERTIFICATE OF COMPLIAN	NCE		VATION COMMISSION	
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED OCT 4 1	•	
Commission have been complied above is true and complete to the	with and that the information given ne best of my knowledge and belief.	II BY	ined Emery C. Arnold	
· ·		TITLE Supervisor Dist		
ORIGINAL SIGNED E.S.O	RFRI Y	This form is to be filed	in compliance with RULE 1104.	
OK.G.NAL SIGNED E. 3. 0	nature)	woll this form must be accor	llowable for a newly drilled or deepene mpanied by a tabulation of the deviation of the dev	
Petroleum Engineer		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-		
August 26, 1965	Title)	able on new and recompleted	i wells.	
	Date)	well name or number, or trans	porter, or other such change of condition must be filed for each pool in multip	

LAND OFFICE IRANSPORTER GAS /	
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U.S.G.S.	
SANTA FE	
DISTRIBUTION	

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DISTRIBUTION	NEW MEXICO OIL CO	O'ISERVATION COMMISSION	Form C-104
SANTA FE /	REQUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
FILE /		AND	Filective 1-1-63
U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL G	SAS
LAND OFFICE			
IRANSPORTER OIL			
GAS /			
OPERATOR 2			
PRORATION OFFICE			
Cperator			
El Paso Natural Gas C	ompany		
Address			
Box 990, Farmington,	New Mexico		
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Cil Dry Gas	s	
Change in Ownership	Casinghead Gas Conden	sate	
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND	LEASE		
Lease Na: te	Well No. Pool N In	me, Including Formation	Kind of Lease
Huerfanito Unit	88(DK) Basi	in Dakota	State, Federal or Fee
i.ocation	CO (DAK) DODI		
Location B 80	O North	1500 Foot From 5	Ea st
Unit Letter;;	Feet From The ROPUL Line	e and Feet From	The
22	wnship 27N Range 9	, NMPM, San	Juan County
Line of Section 23 , To	waship 2/14 Range 🤊	, NMFM,	County
	TO OF OUR AND NATIONAL CA	e	
Name of Futhorized Transporter of Ci	TER OF OIL AND NATURAL GA	Address (Give address to which approx	ved copy of this form is to be sent)
		i	
El Paso Natural Gas C		Box 990, Farmington Address (Give address to which appro-	new recation
Name of Futhorized Transporter of Ca	singhead Gas 🔃 or Dry Gas 🛣	· I	
El Paso Natural Cas C	ombaut.	Box 990, Farmington	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Who	en.
give locat on of tanks.	B 23 27N 9W		
Trution is seminated to	ith that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	tti that from any other rease of poor,		
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completi	on = (X)	X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4-17-65	5 -4-65	6772	
Pool	Name of Producing Formation	Top XX/Gas Pay	Tubing Depth
	Dakota	6454	No tubing
Basin Bakota Perforations			Depth Casing Shoe
6454-58;6520-36;6608-	12:6646-50		6772
0474-70,0720 30,0000		CEMENTING RECORD	
		DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	, <u>, , , , , , , , , , , , , , , , , , </u>	
13 3/4"	9 5/8"	327	175
8 3/4"	2 7/8"	4519	100
8 3/4",7 7/8",6 3/4"	2 7/8"	6772	120
		<u> </u>	P.C. 100
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow
OIL WELL	able for this de	epth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke State Club
Longin of Tool			\Krpriath /
Assural Daniel Durate - Trees	Cil-Bbls,	Water-Bbls.	Gas MCF
Actual Prod. During Test			SEP 3 1965
	<u> </u>	<u></u>	
			OIL CON. COM./
GAS WELL	The state of Table	Phis Condensate AMCT	Gravity of Condensate 3
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate -
2588 MCF/D	3 hours		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Calculated A.O.F.	No tubing	2217	3/4"
CERTIFICATE OF COMPLIAN	ICE	OIL CONSERVA	ATION COMMISSION
CERTIFICATE OF COMPLIAN	ICL		-
		APPROVED 007 4 1965	, 19
Commission have been complied	regulations of the Oil Conservation with and that the information given		-
above is true and complete to the	be best of my knowledge and belief.	Original Signed Emery C. Arnold	
•			
		TITLE Supervisor Dist.	П —
COMED E C			
US.C.NOL ZIRNED E. 217)BERL Y	This form is to be filed in	compliance with RULE 1104.
OR'G'NAL SIGNED E.S.)BERL Y	If this is a request for allow	compliance with RULE 1104. wable for a newly drilled or deepened anied by a tabulation of the deviation

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APPROVED OCT 4 1965 , 19, 19
BY Original Signed Emery C. Arnold
TITLE Supervisor Dist. # 3

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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.