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	FILE		/		
	U.S.G.S.		· 		
	LAND OFFICE		ļ	Li	
	TRANSPORTER	OIL	′		
	TRANSFORTER	GAS	1		
	OPERATOR		ļ.,_		
Ι.	PRORATION OF	FICE	<u> </u>	<u> </u>	
1.	Operator				
	Operator				
		Paso I	Nati	ıral	
		P a.s o]	Nati	iral	
	R1 I				
	R1 I	990,	Fa	rming	
	Address Box	990,	Fa	rming	
	Address Reason(s) for filing	990,	Fa	rming	
	Address Box Reason(s) for filing New Well	990, (Check	Fa	rming	

Form C-104

-	SANTA FE /		FOR ALLOWABLE AND	Supersedes Old C-104 and C-110 Effective 1-1-65
-	FILE //	ALITHODIZATION TO TOAK	NSPORT OIL AND NATURAL GA	S
-	U.S.G.S.	AUTHORIZATION TO TRAI	HOLOK FOLL AND HATOKAL OA	-
	LAND OFFICE			
	TRANSPORTER GAS /			
	OPERATOR			
1.	PRORATION OFFICE			
	Operator			
	El Paso Natural	Gas Company		
	Address			
	Box 990, Farmin	gton, New Mexico	Other (Please explain)	
	Reason(s) for filing (Check proper box)	D		
İ	New Well	Change in Transporter of:	Name Changed Fr	
	Recompletion	Oil Dry Gas	Diamete (and and	LU ##
ł	Change in Ownership	Casinghead Gas Condens	sate	
	If change of ownership give name and address of previous owner			
II.	DESCRIPTION OF WELL AND I	LEASE Well No. Pool Nam	ne, Including Formation	Kind of Lease
	Lease Name			State, Federal or Fee
	Blanco	15(PC) So. B	Blanco Pictured Cliffs	<u> </u>
	Location		o and Feet From Th	e
	Unit Letter K ;	Feet From TheLine	e andFeet From Th	<u> </u>
	36	nship 28N Range	& , NMPM, San Ju	County
	Line o: Section 36 , Tow	namp CO Hunde	<u> </u>	
	DESIGNATION OF TRANSPORT	SER OF OIL AND NATURAL GA	s	
H.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve	d copy of this form is to be sent)
	El Paso Natural		Box 990, Farmington, New	w Mexico
	Name of Futhorized Transporter of Cas	inghead Gas or Dry Gas X	Address (Give address to which approve	d copy of this form is to be sent)
	El Paso Natural		Box 990, Fermington, New	w Mexico
		Unit Sec. Twp. Rge.	Is gas actually connected? When	
	If well preduces oil or liquids, give location of tanks.	1	Yes	
١V.	If this production is commingled wit COMPLETION DATA Designate Type of Completion	Oil Well Gas Well		Plug Back Same Res'v. Diff. Res'v
	Date Spud led	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
				Depth Casing Shoe
	Perforations			
		TURNO CASINO AND	D CEMENTING RECORD	
			D CEMENTING RECORD DEPTH SET	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEF IN SET	
				nd must be equal to or exceed ton allow
V	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this do	after recovery of total volume of load oil a epth or be for full 24 hours)	na must be equal to of exceed top attor
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)
	Date First New Oil non To Tunks			(oti.TIVED)
	Length of Test	Tubing Pressure	Casing Pressure	Choice 14.4
	Length of rest	-		Gal-MCtDCT 28 1965
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCHUL Z
	Actual Foot During 1501			Y THE CON. CO.
				DIST. 3
	CAS WELL			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Actual Float 1000 Mol/D			
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
	resting Method (pitot, buck pi-)	1		
		LOF	OIL CONSERVA	TION COMMISSION
VI	I. CERTIFICATE OF COMPLIAN	CE	[]	
		Taking of the Oil Consequetion	APPROVED 00T 2 8 1965	, 19
	a · · · · · · · · · · · · · · · · · · ·	regulations of the Oil Conservation with and that the information given		Emery C. Arnold
	above is true and complete to th	e best of my knowledge and belief.	BY Original Signed	Ciliery C. Attack
			1 P	-

ORIGINAL SIGNED E.S. OBERLY

Petroleum Engineer October 19, 1965

TITLE Supervisor Dist. # 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 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.

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U.S.G.S.			
LAND OFFICE			
IRANSPORTER OIL		1	
GAS			
OPERATOR		1	
PRORATION OFFICE			

	SANTA FE /	}	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110		
	FILE / V	. 1	AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS		
	LAND OFFICE	4				
	TRANSPORTER GAS ,					
	OPERATOR /					
1.	PRORATION OFFICE					
	El Paso Natural Ges Company					
	Address					
		Reason(s) for filing (Check proper box) Other (Please explain)				
	New Well Recompletion	Change in Transporter of: Oil Dry Gas	s Name Change from	m .		
	Change in Ownership	Casinghead Gas Conden	Diames des Inda			
	If change of ownership give name and address of previous owner					
11.	Lease Name		me, Including Formation	Kind of Lease		
	Blanco	15(MV) Bla	anco Mesa Verde	State, Federal or Fee		
	Location	•				
	Unit Letter;	Feet From TheLine	e andFeet From 7	he		
	Line of Section 36 To	waship 28-N Range 8-1	, NMPM, San Ju	on County		
	2					
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S	The state from to be because		
	Name of Authorized Transporter of CII		Address (Give address to which approx	ed copy of this form is to be sent)		
	El Paso Natural Gas Name of Authorized Transporter of Ca		Address (Give address to which approx	ed copy of this form is to be sent)		
	El Paso Natural Gas					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n		
	give location of tanks.	1 1 1	Yes			
IV	If this production is commingled wince COMPLETION DATA	th that from any other lease or pool,	give commingling order number:			
. v .		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	Designate Type of Completic					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Froducing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
		TURING CASING AND	CEMENTING DECORD	<u> </u>		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
v	TEST DATA AND REQUEST F	OR ALLOWARLE (Test must be as	fter recovery of total volume of load oil	and must be equal to or exceed top allow-		
٧.	TEST DATA AND REQUEST FOR ALLOWABLE (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)					
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	t, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choky Sta		
				/ ILULIA FID /		
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gd-MCF 0CT 1 0 1065		
				OCT 1 3 1965		
	GAS WELL	out com com				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
			OU CONSERVA	TION COMMISSION		
VI.	. CERTIFICATE OF COMPLIAN	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	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.		APPROVED NOV 1 1965 By Original Signed Emery C. Arnold			
	above is the and complete to the	book of my microscage and essessi				
			TITLE Supervisor Dist. # &			
	OR'G'NAL SIGNED E.S. OBE	RLY		This form is to be filed in compliance with RULE 1104.		
	(Signature)		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.			
	Petroleum Engineer					
	(Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.			
	October 6, 1965			, III, and VI for changes of owner,		

(Date)

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.

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