III.	Name of Authorized El Paso N Name of Authorized El Paso N If well preduces oil give locat on of tar. If this production i	Transport Atural Transport Atural or liquids ks.	er of Ci Gas er of Co Gas	Companication of the Companica	or Condens y Gas \(\) 0 y Sec. 28	Twp.
III.	Name of Authorized El Paso N Name of Authorized El Paso N !f well preduces oil	Transport atural Transport atural or liquids	er of Ci Gas er of Co Gas	Compan Compan Compan	Gas o	r Dry
III.	Name of Authorized El Paso N Name of Authorized	Transport atural Transport	er of Ci G&S er of Co	Compan	or Condens y . Gaso	sate [
Ш.	Name of Authorized	Transport	er of Ci	1 D	or Condens	NAT
		E TRAN	SPOR	TER OF		
	Line o: Section	28	, To	wnship	28N	
	Unit Letter			Fe	et From The	
	Location	M	10	115		So
	Dryden					1
II.	DESCRIPTION O	vious own	er	LEASE		Well N
	If change of owners		name			
	Recompletion Change in Ownershi			Cil Cas	inghead Gas	
	New Well			Cha	nge in Trans	sporter
	Reason(s) for filing					
	Address Box 990, 1	Po word to	rton	Now M	evi co	
	Cperator El Paso Na	atural.	Ge.s	Company	y	
I.	PRORATION OF	FICE		Ī		
	OPERATOR	GAS	2			
	TRANSPORTER	OIL	<u> </u>	-		
	LAND OFFICE	,		_; _;		
	U.S.G.S.	!		AL	THORIZA	101T
	FILE			+		.``
	SANTA FE		7 ,	1	114	R
	DISTRIBUTIO	ИС	-4	1	NEW	MEX
		EIVED !	/ .	į.		

Petroleum Engineer

August 26, 1965

(Title)

(Date)

SANTA FE	REQUEST	Supersedes Old C-104 and C-11 Effective 1-1-65				
FILE						
LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURA	AL GAS			
OIL						
TRANSPORTER GAS						
OPERATOR 2						
PRORATION OFFICE						
Cperator	Company					
El Paso Natural Gas	Company					
Address Box 990, Farmington	, New Mexico					
Reason(s) for filing (Check proper bo		Other (Please explain)				
New Well	Change in Transporter of:	Washerman Details on Book				
Recompletion	Cil Dry G					
Change in Ownership	Casinghead Gas Conde	nsate				
f change of ownership give name						
and address of previous owner						
DESCRIPTION OF WELL ANI	LEASE					
Lease Name	Well No. Pool No	mme, Including Formation	Kind of Lease			
Dryden	1 Bla	nco Mesa Verde	State, Figeral or Fee			
Location	O. F. Courth	964 Fact 5	West			
Unit Letter;	O15 Feet From The South Li	ne and Feet F	From The			
I the of Section 28 . T	ownship 28N Range	M , NMPM,	San Juan County			
Line o: Section , T	ownship Range	, Intel in				
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	4S				
Name of Futhorized Transporter of C El Paso Natural Gas	il or Condensate 📑	Address (Give address to which of Box 990, Farmington	approved copy of this form is to be sent)			
	- V	•	approved copy of this form is to be sent)			
Name of Authorized Transporter of C El Paso Natural Gas		Box 990, Farmingto	on, New Mexico			
	Unit Sec. Twp. Rge.	Is gas actually connected?	When			
If well produces oil or liquids, give location of tanks.	M 28 28M 8W					
<u> </u>	with that from any other lease or pool	give commingling order number	:			
COMPLETION DATA	vitin that from any other rease or poor					
	Cil Well Gas Well	New Well Workover Deepe	Plug Back Same Res'v. Diff. Res'v			
Designate Type of Complet		X	P.B.T.D.			
Date Spud led W/O 7-14-65	Date Compl. Ready to Prod. 7-23-65	Total Depth	C.O. 4429			
Pool	Name of Producing Formation	Top Gas Pay	Tubing Depth			
Blanco Mesa Verde	Mesa Verde	7405	No Tubing			
Perforations			Depth Casing Shoe			
4402-18			4456			
	TUBING, CASING, AN	D CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	173°	SACKS CEMENT			
- 8 2/h *	9 5/8"	3715'	300 Sks.			
<u>λ 3/4"</u>	2 7/8"	4456*	200 Sks.			
4 3/ 4						
TEST DATA AND REQUEST	FOR ALLOWARIE (Test must be	after recovery of total volume of loa	nd oil and must be equal to or exceed top allow			
OIL WELL	able for this c	lepth or be for full 24 hours)				
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)			
		G-trans	- AHTIVIAN			
Length of Test	Tubing Pressure	Casing Pressure	Luktori I m.			
A -tural Dead Durden Mark	Oil-Bbls.	Water-Bbls.	Gas-MEID (1 1965			
Actual Prod. During Test	J. 22.3.					
		<u>. L</u>	OIL CON. COM.			
GAS WELL			DIST. 3			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensat			
1843 MCF/D	3 Hours	Gard a Paragraph	Chaka Stra			
Testing Method (pitot, back pr.) Calculated A.O.F.	Tubing Pressure	Casing Pressure	Choke Size 3/4"			
		1				
CERTIFICATE OF COMPLIA	NCE		ERVATION COMMISSION			
		APPROVED SEP 3	1965 , 19			
Commission have been complied	d regulations of the Oil Conservation with and that the information given	O : -1 Signed	AFFROVED,			
above is true and complete to	the best of my knowledge and belief	BY Original Signed Emery C. Arnold				
- -		TITLE Supervisor Dist.	.#3			
	•		d in compliance with BIII F 1104			

This form is to be filed in compliance with RULE 1104. OR G'NAL SIGNED E. S. OBERLY

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.

Date well was tested. **≤9-9-**8

7-23-65

Gilsonite/ak.

Ferf. 4402-18' w/2 SFF, frac w/20,000# 20/40 sand, 25,620 gallons water, w/200# 1-111, 10 gal. G-2, flushed w/1302 gallons water. I.R. 23 BFM, w/200# 1-111, 10 gal. G-2, flushed w/1302 gallons water. I.R. 23 BFM, wax. pr. 4000#, BDF 3400#, tr. pr. 2300-2700-3400#, ISIP 200#, 5 Min. SIP Pulled tubing. Cleaning out open hole w/mud. Cleaned out open hole to h460', ran 142 joints 2 7/8", 6.44, J-55 casing (4446.15') set at 4456.15' w/200 sacks Class "A" cement, 24 gel, 1/4 cu. ft.

59-LT-L 59-4T-L