NO. OF COPIES RECEIVED			É	
DISTRIBUTION				
SANTA FE				
FILE		1	U	
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL	1		
	GAS	1		
OPERATOR				
PRORATION OFFICE				

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Ì	DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104				Б		
					Form C-104 Supersedes Old C-104 and C-119		
	FILE	Effective 1-1 65					
	AND						
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	LAND OFFICE						
	OIL /	OIL /					
	TRANSPORTER GAS /	1					
		1					
	OPERATOR 2						
I.	PRORATION OFFICE	<u> </u>					
	Operator						
	El Paso Natural Ga	s Company			i		
	Address						
	Box 990, Farmingto	n. New Marias			i		
į							
- 1	Reason(s) for filing (Check proper box)		Other (Plea	ase explain)			
	New Well	Change in Transporter of:					
	Recompletion	Oil Dry Go	ıs				
	Change in Ownership	Casinghead Gas Conder	<del></del>				
1	Change in Ownership	Custingliedd Gds Conder	isdie				
	•• • • • • • • • • • • • • • • • • • • •						
	If change of ownership give name						
	and address of previous owner						
ш.,	DESCRIPTION OF WELL AND I						
j	Lease Name	Well No. Fool Name, Including F	ormation	Kind of Lease	Lease No.		
	Burroughs Com C	5 Basin Dakot	:a	State, Federal or Fee	E-1200-1		
	Location						
	Init letter G . 1830	Nowth	1720	7	Ele aut		
	Unit Letter G; 1830	Feet From The North	e and 1730	Feet From The	Sast		
	Line of Section 2 Tow	vnship <b>27N</b> Range	<b>9₩</b> , NMI	РМ, <b>San Juan</b>	County		
,							
	DESIGNATION OF TRANSPORT	TER OF OUR AND NATIONAL CA	C				
ш.	DESIGNATION OF TRANSPORT		IS		of this form is to be sent)		
	Name of Authorized Transporter of Cil		1	• • • • • • • • • • • • • • • • • • • •			
ì	El Paso Natural Ga	s company	Box 990, Farmington, New Mexico  Address (Give address to which approved copy of this form is to be sent)				
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas 🔭					
	El Paso Natural Gas		Box 990, Farmington, New Mexico				
	22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	- •	1		PYTCO		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually conne	ected? When			
	give location of tanks.	G 2 27N 9W		1			
ı		<u> </u>					
	If this production is commingled wit	h that from any other lease or pool,	give commingling or	ler number:			
IV.	COMPLETION DATA						
	D . T . C I C I	Oll Well Gas Well	New Well Workove	r Deepen Plug B	Back   Same Restv. Diff. Restv.		
	Designate Type of Completio	$\mathbf{n} = (\mathbf{X})$	X	!	!		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T	·.D.		
	XXXXXXX 10-3-66	10-27-66	6940		5 6881.1		
		· · · · · · · · · · · · · · · · · · ·			0. 68841		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Topycl/Gas Pay	Tubin	g Depth		
	6224' GL	Dakota	6750'		68641		
	Perforations	<u> </u>	<u> </u>	Depth	Casing Shoe		
	6750-62, 6844-50,	5868_8n					
	0170-02, 00+1-70, (						
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH	SET	SACKS CEMENT		
1	12 1/4"	9 5/8"	310'	27.6	0 Skg		
	7 7/8"	4 1/2"	69401		0 Sks		
		2 3/8"	68641		bing		
'		D ATTOWARTE OF THE STATE OF THE	<u> </u>				
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to able for this depth or be for full 24 hours)							
	OIL WELL			·			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (F)	low, pump, gas lift, etc.)	acii A		
	Length of Test	Tubing Pressure	Casing Pressure	Chok	SIALITY LUIT		
					127 - /		
		OU PLI	Water - Bbls.	Ga - 1	MCE +OCE		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	0.0	1000 X 1000 1 1		
					OIL CON. COM.		
'					OIL CON.		
	GAS WELL			•	OIL DIST. 3		
1	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MN	ACE Gravit	ty of Condensate		
			DDIG! Condendato, the		, or conduction		
	4033	3 Hrs.					
Ì	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Sh	ut-in) Choke	Size		
	Calculated A.O.F.	21.04	0100	ŀ	3/4"		
l			2123				
VI.	CERTIFICATE OF COMPLIANO	CE CE	II OIL	_ CONSERVATION			
			11	NIOW _ Q 1	966		
	hereby certify that the rules and regulations of the Oil Conservation		NOV - 8 1966				
I hereby certify that the rules and regulations of the Commission have been complied with and that the		egulations of the Off Conservation	ation		merv C. Arnold		
	above is true and complete to the	best of my knowledge and belief.	Original Signed by Efficiency C. Affiold				
	Colorinal Signed F. H. WOOD		SUPERVISOR DIST. #3				
			TITLE	POLITY ATOOM DI	n.		
			This form is to be filed in compliance with RULE 1104.				
		If this is a r	equest for allowable fo	or a newly drilled or deepened			
	(Signa	sture)	I wall this form m	ust he accompanied by	a tabulation of the deviation		
	Petroleum Engineer	•	tests taken on th	e well in accordance t	with RULE 111.		
,			All sections of this form must be filled out completely for allowable on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of owner,				
	(Tit	le)					
	November 4, 1966						
	(Da	te)	well name or number, or transporter, or other such change of condition.				
	(Da	,			led for each pool in multiply		
			completed wells.	AVT MUSIC DE IM			
			.,				