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	LAND OFFICE			
	TRANSPORTER	OIL	1	
		GAS	1	
	OPERATOR		2	
1.	PRORATION OFFICE			
	Operator			

Huerfanito Unit 98(Dk) Basin Dakota State, Federal or Fee SF Of Location  Unit Letter G; 1500 Feet From The North Line and 1650 Feet From The East  Line of Section 35 Township 27N Range 9W , NMPM, San Juan  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Address. (Give address to which approved copy of this form is to be E1 Paso Natural Gas Company  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address. (Give address to which approved copy of this form is to be E1 Paso Natural Gas Company  Refer or Fee SF Of Casinghead Cas I Two Interest Intere	Lease No. 80117
LAND OFFICE  TRANSPORTER OIL // OAS // OPERATOR 2. PAGRATION OFFICE  Deparator  El Paso Natural Gas Company  Address  Box 990, Farmington, New Mexico  Reason(s) for filing (Check proper box)  New Well M. Dry Gas Condensate  If change of ownership give name and address of previous owner  II. DESCRIPTION OF WELL AND LEASE  Levies Name Well No. Pool Name, Including Formation  Hurfanito Unit 98(Dk.) Basin Dakota State, Fe\( \frac{1}{2}\) Feet From The  Location  Unit Letter G 1500 Feet From The North Line and 1650 Feet From The East  Line of Section 35 Township 27N Range 9M , NMPM, San Juan  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address. (Give address to which approved copy of this form is to be E1 Paso Natural Gas Company  If this production is commingled with that from any other lease or pool, give commingling order number:  If this production is commingled with that from any other lease or pool, give commingling order number:	80117
ITRANSPORTER OIL / GAS / OPERATOR 2   OPERATOR CRECKING & DESCRIPTION OF FRANSPORTER OF OIL AND NATURAL GAS   OPERATOR OF TRANSPORTER OF OIL AND NATURAL GAS   Name of Authorized Transporter of Oil Or Condensate   OPERATOR OF TRANSPORTER OF OIL AND NATURAL GAS   OPERATOR OF TR	80117
OPERATOR  OPERATOR  PROBATION OFFICE  Cperator  El Paso Natural Gas Company  Address  Box 990, Farmington, New Mexico  Reason(s) for filing (Check proper box)  New Well  Change in Transporter of:  Change in Transporter of:  Change in Ownership  Casinghead Gas  Condensate  If change of ownership give name and address of previous owner  II. DESCRIPTION OF WELL AND LEASE  Lease Name  Huerfanito Unit  96(Dk) Basin Dakota  State, Felfral or Fee  Sif Office of Section  Unit Letter  G 1500  Feet From The  Line and  North  Line and  1650  Feet From The  Line of Section  Township  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil   Township  T	80117
PRORATION OFFICE   Operator   El Paso Natural Gas Company   Address   Box 990, Farmington, New Mexico   Reason(s) for filing (Check proper box)   Change in Transporter of:   Recompletion   Cil	80117
Company   Charge of Company   Change in Transporter of:   Condensate	80117
El Paso Natural Gas Company  Address  Box 990, Farmington, New Maxico  Recson(s) for filing (Check proper box)  New Well X Change in Transporter of:  Recompletion Oil Dry Gas  Change in Ownership Give name and address of previous owner  II. DESCRIPTION OF WELL AND LEASE  Lene Name  Huerfanito Unit 98(Dk) Basin Dakota  Elevation  Unit Letter G; 1500  Feet From The North Line and 1650  Feet From The East  Line of Section 35 Township 27N Range 9W , NMPM, San Juan  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Or Condensate X  El Paso Natural Gas Company  Name of Authorized Transporter of Casinghead Gas or Dry Gas X  El Paso Natural Gas Company  Name of Authorized Transporter of Casinghead Gas or Dry Gas X  El Paso Natural Gas Company  Name of Authorized Transporter of Casinghead Gas or Dry Gas X  El Paso Natural Gas Company  Name of Authorized Transporter of Casinghead Gas or Dry Gas X  Box 990, Farmington, New Mexico  Box 990, Farmington, New Mexico  If well produces oil or liquids, qive location of tanks.  G 35 27N 9W  If this production is commingled with that from any other lease or pool, give commingling order numbers	80117
Change in Transporter of:   Change in Transporter of:   Change in Transporter of:   Change in Ownership   Change in Transporter of:   Change in Transporter of:   Change in Transporter of:   Change in Transporter of:   Change in Transporter of Oil	80117
Reason(s) for filing (Check proper box)   New Well   X	80117
Recompletion	80117
If change of ownership give name and address of previous owner  II. DESCRIPTION OF WELL AND LEASE    Lease Name	80117
If change of ownership give name and address of previous owner  II. DESCRIPTION OF WELL AND LEASE  Lease Name	80117
DESCRIPTION OF WELL AND LEASE   Well No.   Pool Name, Including Formation:   Kind of Lease   State, Ferral or Fee   SF   Odd	80117
Huerfanito Unit    Solution   Sol	80117
Unit Letter G : 1500   Feet From The   North   Line and   1650   Feet From The   East    Line of Section   35   Township   27N   Range   SW   NMPM,   Sen Juan    II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Name of Authorized Transporter of Oil   or Condensate   Address (Give address to which approved copy of this form is to be    E1 Paso Natural Gas Company   Box 990, Farmington, New Mexico    Name of Authorized Transporter of Casinghead Gas   or Dry Gas   Address (Give address to which approved copy of this form is to be    E1 Paso Natural Gas Company   Box 990, Farmington, New Mexico    If well produces oil or liquids,   Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When    If this production is commingled with that from any other lease or pool, give commingling order number:	
Unit Letter G ; 1500   Feet From The   North   Line and   1650   Feet From The   East    Line of Section   35   Township   27N   Range   9W   NMPM,   San Juan    II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Oil   or Condensate   Address: (Give address to which approved copy of this form is to be	County
Line of Section 35 Township 27N Range 9W , NMPM, San Juan  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Oil	County
Name of Authorized Transporter of Oil or Condensate Rox Give address to which approved copy of this form is to be BOX 990, Farmington, New Mexico  Name of Authorized Transporter of Casinghead Gas or Dry Gas Rox Give address to which approved copy of this form is to be BOX 990, Farmington, New Mexico  El Paso Natural Gas Company  If well produces oil or liquids, give location of tanks.  G 35 27N SW  If this production is commingled with that from any other lease or pool, give commingling order number:	
El Paso Natural Gas Company  Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address. (Give address to which approved copy of this form is to be  El Paso Natural Gas Company  El Paso Natural Gas Company  If well produces oil or liquids, give location of tanks.  G 35 27N SW  If this production is commingled with that from any other lease or pool, give commingling order number:	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address. (Give address to which approved copy of this form is to be  El Paso Natural Gas Company Box 990, Farmington, New Mexico  If well produces oil or liquids, give location of tanks.  G 35 27N 9W  If this production is commingled with that from any other lease or pool, give commingling order number:	sent)
El Paso Natural Gas Company  Box 990, Farmington, New Mexico  If well produces oil or liquids, give location of tanks.  G 35 27N 9W  If this production is commingled with that from any other lease or pool, give commingling order number:	
If well produces oil or liquids, give location of tanks.  G 35 27N 9W  If this production is commingled with that from any other lease or pool, give commingling order number:	: sem)
If this production is commingled with that from any other lease or pool, give commingling order number:	
V. COMPLETION DATA	
Designate Type of Completion — (X)  Oil Well Cas Well New Well Workover Deepen Plug Back Same Resty.	Diff. Res'v.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.	
<b>8-31-66 2-24-67 6885' 6690'</b>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation TopXXI/Gas Pay Tubing Depth	•
6368' GL Dakote 6576 6885'  Perforations Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMEN SACKS CEMEN	
13 3/4" 9 5/8" 329' 180 Sks.	
7 7/8" '7" & 5 1/2" 6885' 400 Sks.	
2 3/8" 6648' Tubing	
1 1/4" 4469' Tubing	
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to reace able for this depth or be for full 24 hours)	ed top allow
OIL WELL  Date First New Oil Run To Tanks  Date of Test  Producing Method (Flow, pump, gas lift, etc.)	<del>/</del>
Cities and	
Length of Test Tubing Pressure Casing Pressure	<b>W</b> W.)
Length of Test  Tubing Pressure  Casing Pressure  Character Casing Pressure	1
OIL OIS	
GAS WELL	
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate	
1317 3 Hours	
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size	
Calculated A.O.F. 1972 3/4"	
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION	
TO APR & 1987	
APPROVED	
1 hereby certify that the filles and regulations of the Oil Collegivation	
above is true and complete to the best of my knowledge and belief.	
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  Original Signed by ninery C. Arnold  TITLE SUPERVISOR DEST. 43	
Commission have been complete with and that the information given above is true and complete to the best of my knowledge and belief.  TITLE SUPERVISOR DATE OF THE PROPERTY C. AFROICE T	104.
Criginal Signed F. H. WOOD	104.
Original Signed F. H. WOOD  Crisinal Signed F. H. WOOD  Cr	104. or deepened se deviation
Original Signed F. H. WOOD  Original Signed F. H. WOOD  (Signature)  Petroleum Engineer  (Title)  Original Signed F. H. WOOD  (Signature)  (Title)  Original Signed F. H. WOOD  This form is to be filed in compliance with RULE 11  If this is a request for allowable for a newly drilled or well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.	104. or deepened se deviation
Original Signed F. H. WOOD  Original Signed F. H. WOOD  (Signature)  Petroleum Engineer  (Title)  March 9, 1967  Original Signed With and that the information given above is true and complete to the best of my knowledge and belief.  TITLE SUPERVISOR DIST. C. AFROICS  This form is to be filed in compliance with RULE 11  If this is a request for allowable for a newly drilled or well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely able on new and recompleted wells.	or deepened to deviation y for allow-
Original Signed F. H. WOOD  Original Signed F. H. WOOD  This form is to be filed in compliance with RULE 11  If this is a request for allowable for a newly drilled or well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely able on new and recompleted wells.	or deepened the deviation y for allow- a of owner, f condition.

