ed, of colleg agestyed		5	
DISTRIBUTION			
SANTA TE		/	
FILE		1	
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		1	
PRORATION OF			
Contains			

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND INSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 GAS		
1.	TRANSPORTER OIL / GAS / OPERATOR / PRORATION OFFICE					
	El Paso Natural Gas Company					
PO Box 990, Farmington, NM Reason(s) for filing (Check proper box) Other (Please explain)						
	New We'l Recompletion Change in Ownership	Change in Transporter of: Oil Dry Ga Casinghead Gas Conder		·		
	If change of ownership give name and address of previous owner					
H. DESCRIPTION OF WELL AND LEASE. Lease Name Well No. Pool Name, Including Formation Kind of Lease						
	Howell	, ,	co Pic. Cliffs State, (Fede	ral) or Fee SF 078566-A		
	Unit Letter N : 1050	Feet From The South Lin	ne and 1785 Feet From	n The West		
	Line of Section 27 Tow	nship 28N Range	8W , ммрм,	San Juan County		
111.	DESIGNATION OF TRANSPORT	or Condensate Y	PO Box 990, Farm	•		
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Company		Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM			
	If well produces oil or liquids, Unit Sec. Twp. P.ge. Is gas actually connected? When give location of tanks. N 27 28N 8W					
IV.	If this production is commingled wit COMPLETION DATA		give commingling order number: New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completion		X Total Depth	P.B.T.D.		
	Date Spudded 10-22-72	Date Compl. Ready to Prod. 4-26-73 Name of Producing Formation	2786' Top &l/Gas Pay	2769'		
	Elevations (DF, RKB, RT, GR, etc.) 6280 GL	Name of Producing Formation Pictured Cliffs	Top & I/Gas Pay 2677'	Tubing Depth tubingless Depth Casing Shoe		
Perforations 2676-96' and 2724-32' 2786'						
4,	HOLE SIZE	TUBING, CASING, AN	D CEMENTING RECORD DEPTH SET	SACKS CEMENT		
-	12 1/4"	8 5/8"	123'	107 cu. ft.		
	6 3/4"	2 7/8" tubingless	2786'	322 cu. ft.		
	V. 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 all able for this depth or be for full 24 hours)					
V.	OII. WELL Date First New Cil Run To Tanks	able for this d	epth or be for full 24 hours) Producing Method (Flow, pump, gas	CATIL A		
	Date First New Cil Hun 10 1 daks		Casing Pressure	Choke Size		
	Length of Test	Tubing Pressure		MAY 4 1973		
	Actual Prod. During Test	Oil-Bbls.	Water - Bble.	OIL CON. COM.		
				DIST. 3		
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	1782 Testing Method (pitot, back pr.)	3 hrs. Tubing Pressure(Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Calc. AOF	tubingless	1037 3/4" OIL CONSERVATION COMMISSION			
VI.	CERTIFICATE OF COMPLIAN			MAY 4 1973		
	I hereby certify that the rules and Commission have been complied above is true and complete to the	regulations of the Oil Conservation with and that the information given best of my knowledge and belief.	Original Signed by A. R. Kendrick			
54/1200			TITLE PETROLEUM ENGI			
			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened			

Petroleum Engineer

May 3, 1973

(Title) (Date)

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