NO. OF COMICS RECEIVED		5	
DISTRIBUTION			
SANTA FE		1	
FILE			4
U.S.G.S.			
LAND OFFICE		<u> </u>	
TRANSPORTER	OIL	1	
	GA\$	1	
OPERATOR		,	
PRORATION OFFICE		I	

i	DISTRIBUTION  SANTA FE /	1	ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110		
		REQUEST	AND	Effective 1-1-65		
Ì	FILE	**************************************	· · · · ·	CAS		
- 1	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL	_ GAS		
	LAND OFFICE	·				
	TRANSPORTER GAS /					
- 1	OPERATOR /	1				
_	PROBATION OFFICE	1				
1.	Cperator Cperator	1				
	El Paso Natural Gas C	'omnany				
1		Ollipally				
	Address	ND 6 07401		į		
	PO Box 990, Farmingt	on, NM 8/401	Other (Please explain)			
1	Reason(s) for filing (Check proper box,		Other (Freuse explain)			
	New Well	Change in Transporter of:	<u></u>	·		
-	Recompletion	Oil Dry Gas	• 🖳			
	Change in Ownership	Casinghead Gas Conden	sate			
	If change of ownership give name and address of previous owner					
п.	DESCRIPTION OF WELL AND	LEASE.		Lagra No.		
-4.	Lease Name	Well No.; Pool Name, including to	ormation Kind of L			
	Sharp	4 Blanco Picture	CIHIS EX. I State, (Fee	leral )r Fee SF 079205		
	Location		·	_		
	C 1645	Feet From The North Line	e and 1840 Feet Fr	om The East		
	Unit Letter; 1043	Feet From The				
		201	8W, NMPM,	San Juan County		
	Line of Section 18 Tox	wnship 28N Range	O VV , I tivili (vi)	Duit Juuss		
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which as	proved copy of this form is to be sent)		
	Name of Authorized Transporter of Cli	or Condensate 14	111111111111111111111111111111111111111	rmington, NM 87401		
	El Paso Natural Gas (					
	Name of Authorized Transporter of Car	singhead Gas or Dry Gas X	l .	oproved copy of this form is to be sent)		
	El Paso Natural Gas (			rmington, NM 87401		
		Unit Sec. Twp. P.ge.	Is gas actually connected?	When		
	If well produces oil or liquids,	G 18 28N 8W				
	give location of tanks.					
	If this production is commingled wi	th that from any other lease or pool,	give comminging order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
	Designate Type of Completic		X			
		·	Total Depth	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	2264'	2254'		
	12-14-72	4-23-73	Top Nil/Gas Pay	Tubing Depth		
	Elevations (DF. RKB, RT, GR, etc.)					
	5755'GL	Pictured Cliffs	2164'	Depth Casing Shoe		
	Perforations			2264'		
	2164-88' and 2208-32	•		2204		
		TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12 1/4"	8 5/8"	139'	130 cu.ft.		
		2 7/8"	2264'	341 cu.ft.		
	7 7/8" & 6 3/4"					
		tubingless				
				ail and my STAR to average ton allow		
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of total volume of toda	oil and must be tradition exceed top allow		
	OIL WELL	dote joi tilla de	Producing Method (Flow, pump, g	as life, ferche		
	Date First New Oil Hun To Tanks	Date of Test		/ I Take Strang T Barrer		
			Casing Pressure	Cheleralis 0 4070		
	Length of Test	Tubing Pressure	Casing Pressure	Chara 2 1973		
	1			Gas MCF		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	GIL GON. COM.		
			·	DIST. 3		
	I					
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	1	3 hours	1			
	1319	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	1	747	3/4"		
	Calc. AOF	tubingless	14/			
VI	VI CERTIFICATE OF COMPLIANCE					
ARREOVED MAY 2 19/3 19				MAY 2 1973		
Commission have been complied with and that the thirt the third bear to the thirt the			by Emery C. Arnold			
			NY	CTTPERVISOR DIST. #3		
	•		TITLE	TITLE SUPERVISOR DIST. #3  This form is to be filed in compliance with RULE 1104.		
	(		1			
	VIII 16		This form is to be filed	in compliance with RULE 1104.		
	LH /2 10.	7	If this is a request for	allowable for a newly drilled or deepened		

(Signature) Petroleum Engineer

April 30, 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.