HO. OF COPIES RECEIVED		15	
DISTRIBUTION			
SANTA FE		1	
FILE		7	L
U.S.G.5.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR		1	
PHONATION OFFICE			<u> </u>
Operator			

III.

	٦			
NO. 65 COPIES RECEIVED	-			
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 DECLIECT FOR ALLOWARIE Supersedes Old C-104 and			
SANTA FE	REQUEST F	REQUEST FOR ALLOWABLE S		
FILE / L	1	AND		
U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL	GAS	
LAND OFFICE	<u>.</u>	·		
TRANSPORTER GAS /	-			
OPERATOR /				
PRORATION OFFICE				
Operator El Paso Natural Gas C	ompany			
PO Box 990, Farmingt				
Reason(s) for filing (Check proper box		Other (Please explain)		
New Well	Change in Transporter of:		1	
Recompletion	Oil Dry Gas	. 🗆 📗		
Change in Ownership	Casinghead Gas Condens	sate 🔲		
Change and other particular and the change of the change o				
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	TEASE			
DESCRIPTION OF WELL AND	I Well No.: Pool Name, including Fo	rmation Kind of Le	\ CE 070005	
Sharp	6 So. Blanco Pictur	red Cliffs Ext. State, (Fede	eral), Fee SF 079205	
Location	1840 Feet From The South Line	1740 Fact Fro	East	
	 -	3 dnd1 det 1 13.	San Juan County	
Line of Section 18 To	ownship 28N Range	8W , NMPM,	San Juan County	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	s		
Name of Authorized Transporter of Control Paso Natural Gas C	or Condensate X	PO Box 990, Farm	oroved copy of this form is to be sent) nington, NM 87401	
Name of Authorized Transporter of Co		Address (Give address to which app	proved copy of this form is to be sent)	
El Paso Natural Gas C	Company		mington, NM 87401	
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? When		
give location of tenks.		i a a a a a a a a a a a a a a a a a a a		
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Duff. Res'v.	
Designate Type of Complet	ion – (X)	х		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
12-7-72	4-23-73	2275'	2264'	
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top X il/Gas Pay	Tubing Depth	
5778'GL	Pictured Cliffs	2160'	tubingless Depth Casing Shoo	
Perforations				
2160-80' and 2198-22	13'		2275'	
		CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		
12 1/4"	8 5/8"	138'	130 cu.ft.	
7 7/8" & 6 3/4"	2 7/8"	2275'	478 cu.ft.	
	tubingless			
		<u> </u>		
TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	fier recovery of total volume of load option of the pth or be for full 24 hours)	oil and must be seen to presceed top allow	
OIL WELL	Date of Test	Producing Method (Flow, pump, gas	lift, etc.	
Date First New Cil Run To Tanks	Date of 1001		/ KLULIY LD	
Length of Test	Tubing Pressure	Casing Pressure	MAY 2 1973	
Actual Prod. During Test	Oil-Bols.	Water - Bbls.	GerMCE	
Actual Front During			OIL CON. COM.	
				
GAS WELL	Time of Tool	Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Frod. Test-MCF/D	Length of Test 3 hours			
1506	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Testing Method (pitot, back pr.)	tubingless	762	3/4"	
Calc. AOF			VATION COMMISSION	
CERTIFICATE OF COMPLIA	NCE	11	. 4049	
		APPROVED	mrsi, 19	
	d regulations of the Oil Conservation with and that the information given	Original Sign	ned by Emery C. Arnold	
above is true and complete to t	he best of my knowledge and belief.	61	RVISOR DIST. #3	
	\wedge	TITLE SUPE	WATON DIRECTOR	

VI.

DOVE 14 tide and complete	
1/1/1/12/201	
F/0 /2/00	
(Signature)	
Petroleum Engineer	
(Title)	

April 30, 1973

(Date)

This form is to be filed in compliance with RULE 1104. 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 silow-able 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 auch change of condition.