	NO. OF COPIES RECEIVED 15	7						
	DISTRIBUTION	HEW MEXICO ON A	CONSERVATION COM	iccion.				
	SANTA FE /	1	CONSERVATION COMM FOR ALLOWABLE	ISSION	Form C-104 Supersedes Old	C-104 and C-1		
	FILE /	NEWOEST.	AND		Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRA	· · ·	NATURAL GA	S			
	LAND OFFICE	- ASTRONIZATION TO THE			•			
	TRANSPORTER OIL /							
	OPERATOR /	7						
	PROBATION OFFICE	7						
1.	Operator El Paso Natural Gas	Company	· · · · · · · · · · · · · · · · · · ·					
	P. O. Box 990, Farmi	ngton, NM 87401						
	Reason(s) for filing (Check proper box	×)	Other (Please	explain)				
	New Weil	Change in Transporter of:						
	Recompletion	Oil Dry Go	ıs <u> </u>					
	Change in Ownership	Casinghead Gas Conde	nsate		-,			
	If change of ownership give name and address of previous owner							
	PERCENTIAN OF WELL AND	* CACC						
11.	Lease Name	Well No. Pool Name, Including F	ormation	Kind of Lease State, (Federal)	r Fee	Lease No.		
	Turner Hughes	19   Blanco PC		L		SF078050		
	_	1175 N	1460		<b>.</b>			
	Unit Letter B ;;	1135 Feet From The N Li	ne and140U	Feet From The	·			
	Line of Section 3 To	ownship 27N Range	9W , NMPN	San Jua	an	County		
HI	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	\s					
	Name of Authorized Transporter of Of	1 or Condensate X	Address (Give address	to which approved	l copy of this form is to	be sent)		
	El Paso Natural Gas		P. O. Box 990	, Farmingto	on, NM, 87401			
	Name of Authorized Transporter of Co	to which approved	copy of this form is to	be sent)				
El Paso Natural Gas Company  P. O. Box 990, Farmington, NM  If well produces oil or liquids, B 3 27N 9W  P. O. Box 990, Farmington, NM  When								
	give location of tanks.	<u>_</u>						
IV.	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Oil Well   Gas Well   New Well   Workover   Deepen   Plug Back   Same Resty.   Diff. Resty							
	Designate Type of Completi	on – (X)	X Total Depth		P.B.T.D.	! ! 		
	Date Spudded	Date Compl. Ready to Prod.						
	12-09-74	01-29-75 Name of Producing Formation	3498 Top QU/Gas Pay	<del></del>	Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.) 6270 GL		1 1					
	<u></u>	Pictured Cliffs	1 2 3 4 0		Tubingless Depth Casing Shoe			
	Perforations 2340-48', 2356-64', 2				2489'			
	TUBING, CASING, AND CEMENTING RECORD  CASING A TUBING SIZE DEPTH SET				SACKS CEM!	ENT		
	HOLE SIZE	9 5/8"	132' GL		126 cu. ft.			
	13 3/4" 8 3/4"	2 7/8"	2489'		504 cu. ft.			
	0 3/4	Tubingless	1					
		1	<del>                                     </del>					
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 also able for this depth or be for full 24 hours)						
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flor		etc.)			
	Date ther Man On Hall to Laura		$+$ $\sim$ $\sim$	١ ن د				
			<del>+</del>	<del>- (1)</del>	Choke Size			

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas ift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure Choke Size			
		Water Bhi			
etual Prod. During Test	Oil-Bble.	Water-Bbla Saa-MCF			

**GAS WELL** Gravity of Condensate Length of Test Actual Prod. Test-MCF/D 3 hours 918 Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) 3/4" 346 Calc. A.O.F.

## VI. CERTIFICATE OF COMPLIANCE

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.

S. G. Ru.	2 : 0	
	(Signature)	
Drilling Clerk		
	(Tinha)	

February 6, 1975

(Date)

OIL CONSERVATION COMPESSON 4 1974

APPROVED. ByOriginal Signed by Emery C. Arnold SUPERVISOR DIST. #3 TITLE .

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 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. Separate Forms C-104 must be filed for each pool in multiply completed wells.