HO. DF COPIES RECI	LIVED	L	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE		<u> </u>	
TRANSPORTER	OIL	L	
	GAS	Ι	
OPERATOR			
PRORATION OFFICE			<u> </u>

9-18-82 (Date)

1.	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  TRANSPORTER  OPERATOR  PRORATION OFFICE  Operator  Address  Reoson(s) for filing (Check proper box)  New Well  Recompletion  Change in Ownership	REQUEST F	Other (Please explain)	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
	If change of ownership give name and address of previous owner				
	DESCRIPTION OF WELL AND L. Lease Name WIEDEMER	#1 Fulchur Kutz		or Fee SF-081087	
	Line of Section 34 Town	ship 27N Range	10W , NMPM,	San Juan ' County	
111.	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  none  Address (Give address to which approved copy of this form is				
	El Paso Natural G	as Company	P. O. Box 990, Farm		
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	no	soon	
	If this production is commingled with	that from any other lease or pool,		Plug Back   Same Res'v.   Diff. Res'v.	
IV.	Designate Type of Completion	Oil Well	New Well Workover Deepen	Plug Back Same New York	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 2541'	P.B.T.D. 2525'	
	8-15-82 Elevations (DF, RKB, RT, GR, etc.)	9-2-82 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth none	
	6708'GL	Pictured Cliffs	<u> </u>	Depth Casing Shoe 2539	
	2400-10 11 holes, 1' apart 0.3 dia. 2539  TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	9-7/8"	7''	122	65 500 (622 cu.ft.slry)	
	5-1/4"	2–7/8''	2539	J00 \022 CM-1313	
w.	. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fier recovery of total volume of load oil pih or be for full 24 hours)	and must be equal to or exceed top allow-	
*	Oll, WELL  Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	fi, etc.)	
		Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test		Water-Bbls.	Gas - MCF	
	Actual Prod. During Test	Oil-Bbls.	Water - David		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	756	3-hr.	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	271	3/4	
VI	CERTIFICATE OF COMPLIAN			1982	
	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.  Curtis J. Attle (Signature)  Operator  (Title)		APPROVED Original Signed by Classical School of the State		
			TITLE DEPUTY OIL & GAS 145 121, DIS. #3		
			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 accompliated wells.		
	9-18-8				
	9-10-02 (Date)		Fill out only Sections I. II. III. and VI for change of condition- well name or number, or transporter, or other such change of condition-		