NO. OF COMICS SEC	15			
DISTRIBUTIO				
SANTAFE	7	4		
FILE	1			
U.S.G.5.	i			
LAND OFFICE				
IRANSPORTER	OIL	1		
THANS! ON EN	GAS	,		
OPERATOR				
PRORATION OF				

SANTAFE	-	REQUEST F					WISSION	Supersedes Old C-104 and C-116 Effective 1-1-65						
FILE						AND				1-1-65				
U.S.G.S.				HTUA	DRIZA	TION T	TO TRA	NSPORT	OIL AND	NATURAL	GAS			
IRANSPORTER	OIL	1												
	GAS	ļ <u>'</u>												
PRORATION OF	FICE	1	-											
Obetatot		٠	L				••••						-	
	west	Pipe	line	Corpora	tlon									
Address 501 A	troor	. Dr	lvo	Farming	rton	Nour N	Movico	87401						1
Reason(s) for filing	(Check	proper	box	Farming	zum,	INCW I	VICXICC		Other (Plea	se explain)				
New Well				Change is	n Transf	orter of:		60-	*					1
Recompletion				011	-4 6	H	Dry Gas Conden	₩ N						
Change in Ownershi	<u> </u>			Casinghe	da Cas	<u> </u>	Conden	age Kr.)						J
If change of owners and address of pre-	ship giv	e nan	ne El	Paso Nat	ural (Gas C	ompan	y, PO E	30x 990,	Farming	ton, N	ew Mexi	co 874	01
and address of pro-														
DESCRIPTION O	F WEI	.I. A	ND I	Well No.	Pool N	lame, Inc	luding Fo	rmation		Kind of Le	080	_, _, 	L	ease No.
Sen Juan 29	9-6 Ur	nit		80							rat or Fee) 	SF O	78284
Location			-					ò		•				
Unit Letter	<u> </u>	. ; <u> </u>	<u>.640</u>	Feet Fro	om The_	<u>Nortl</u>	hLine	and 82	25	Feet From	m The		East	
Line of Section 2	24		Tow	nship 29N		Ra	inge	6v	, NMF	м, Rio A	rriba			County
DESIGNATION O	FTRA	NSP	ORI	ER OF OIL	AND Condense	NATUE	RAL GA	S Address (Give addres.	s to which app	roved cop	y of this form	n is to be:	sent)
5				Corpora		20.3		501 A	irport l	Drive, Fa	rmingt	gton, New Mexico 87401		
Name of Authorized	Transpo	rter o	1 Cas	inghead Gas [or	Dry Gas	X	Address (Give addres.	to which app	roved cop	y of this form	n is to be s	sent)
North	west	Pipe	line	e Corpora				<u>. </u>		Drive, Fa	rmingi	ton, New	/ Mexic	
If well produces oil give location of tan	or liquid	is,		Unit Sec			Rge. 6W	is gas act	ually conne	tea?	wnen	•		
If this production i				1				rive comm	ingling ord	er number:				
COMPLETION D		ingle	a wit								Dive	Back Same	Basty IF	III. Besty.
Designate Ty	pe of C	omp	letio		Oll Well	¦ Gα I	s Well	I New Mell	Workover	l I	Prog	l Danie	1	100
Date Spudded				Date Compl.	Ready to	Prod.		Total Dep	th .		P.B.	r.D.		
						<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>								
Elevations (DF, RK	B, RT, (GR, et	c.j	Nume of Prod	lucing F	ormation		Top Oil/Gas Pay Tubir			ng Depth			
Perforations				L				L			Depti	Casing Sho	0	
•											l			
								CEHENT	ING RECO			SACKS	CEMENT	
HOLE SIZE			CASING	CASING & TUBING SIZE				DEPTH SET						
				DE AT YOU'	COLE.	(T and m		·	w 01 00 0 T 1	TVE	il and mu	et be equal t	o or excee	d top allow-
TEST DATA AN	D REQ	UES	r F	JR ALLOWA	IBLE	able fo	or this de	psh or be fo	1 864 24 h	TVEN				
Date First New Oil	Run To	Tanks	,	Date of Test		• ,		Producing	Modeled W		int, etc.)	'		
Length of Test				Tubing Press	sufe			Casing F	OBB WAR	2 2 1974	Chok	• Size		
Langth of 1991								1		N COM				
Actual Prod. During	Test			Oil-Bbls.				Water - Bb	NOIL O	on, com. St. 3	Gan-	MCF		
								L	-					***
GAS WELL														
Actual Prod. Test-	MCF/D			Length of Te	st			Bbis. Cor	ndensate/MN	CF	Grav	ity of Conde	etpen	
				Tubing Press	ura / ch	nt-(n)		Casina P	reseure (Sh	ut-in)	Chok	• Size		
Testing Method (pit	tot, back	prij		Tubing Piese		,				-				
CERTIFICATE	OF CO	MPL	IAN	CE					OIL	CONSER'		COMMIS	SION	
•								ABBB	OVED	FEE	37 1	974	, 19 _	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given						APPRO		1 Signed	hv A.	R. Kend	rick			
above is true and complete to the best of my knowledge and belief.						PETROLEUM ENGINEER DIST. NO. 3								
<u>.</u>								TITLE		 				
Lamb V						m Th	is form is	to be filed	ln compli	ence with	RULE 110)4. . dana===:		
			,c.		is to a three	3		31 a	• 1 - <i>6</i>	equest for si	nanind D	v a tabulat	TOU OF CHE	destriction despending
(Signature)							well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for allow-							
		<u>-</u>	Ti	ile)				able o	n new end	tacombiging	wells.			
s 4	A -		7					F	ill out only	Sections I ber, or trens	, II, III,	and VI for other such	changes chauge of	or owner, condition
(l)ace)								11 ""		0.104	1 (Had for as	ch nool	in multicle

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