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PRORATION OFFICE				

Petroleum Engineer

September 1, 1972

(Title)

(Date)

	CISTRIBUTION CANTA FE / FILE / L	}	ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
	U.S.G.S. LAND OFFICE TRANSPORTER OIL / GAS / OPERATOR /	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
1.	PRORATION OFFICE Operator	<u> </u>			
	El Paso Natural Gas Com				
PO Box 990, Farmington, NM					
Reason(s) for filing (Check proper box) Other (Please explain)					
	New We!l Recompletion	Change in Transporter of: Oil Dry Gas	s 🔲		
	Change in Ownership	Casinghead Gas Conden	sate		
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND	SCRIPTION OF WELL AND LEASE. Take Name Well No. Pool Name, Including Formation Kind of Lease Lease Name Lease N			
	Day A	15 Blanco Picture		al)r Fee SF 078414	
	Location	50 Feet From The South Line	e and 1050 Feet From	The East	
	Unit Letter I ; 166	Feet From the Bodell Line			
	Line of Section 17 Tow	wnship 29N Range	8W , NMPM,	San Juan County	
III.	DESIGNATION OF TRANSPORT	or Condensate X	S Address (Give address to which appro	oved copy of this form is to be sent)	
	Name of Authorized Transporter of Cil El Paso Natural Gas Cor		PO Box 990. Fa	rmington, NM 87401	
	El Paso Natural Gas Con Name of Authorized Transporter of Cas		Address (Give address to which appro		
	El Paso Natural Gas Cop	Unit Sec. Twp. P.ge.		rmington, NM 87401	
	give location of tanks.	I 17 29N 8W			
IV.	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,		Table 20 of Company Detail Diff Books	
	Designate Type of Completion	on - (X) Oil Well Gas Well X	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 3302'	P.B.T.D. 3292'	
	7-11-72 Elevations (DF, RKB, RT, GR, etc.)	8-30-72 Name of Producing Formation	Top OX/Gas Pay	Tubing Depth	
	6559'GL	Pictured Cliffs	3194'	tubingless Depth Casing Shoe	
	Perforations 3194-95'; 3195-3204', 3	212-3220'		3302'	
	TUBING, CASING, AN		DEPTH SET	SACKS CEMENT	
	12 1/4"	8 5/8"	140'	107 cu. ft.	
	6 3/4"	2 7/8"	3302'	378 cu. ft.	
		tubingless			
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or able for this depth or be for full 24 hours)					
OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
	Length of Test	Tubing Pressure	Casing Pressure	Chore Side	
			Water - Bbls.	Gde • MCF	
	Actual Prod. During Test	Oll-Bble.	water-pare.	9FD = 10m	
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	OF COMPLET	
	1808	3 hrs.	Casing Pressure (Shut-in)	DIST. 3	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) tubingless	842	3/4"	
VI.	Calc. AOF CERTIFICATE OF COMPLIAN	ATION COMMISSION			
	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.		Original Signed by Emery C. Arnold SUPERVISOR DIST. #3 This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended		
		ature)	II as able from much be accomp	waited by a labulation of the deviction	
			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.