NO IF COPIES RECEIVED			3	
DISTRIBUTIO	UN			
SANTA FE		1		
FILE		1	V	
U.S.G.S.				
LAND OFFICE				
ERANSPORTER	OIL	1		
	GAS			
OPERATOR		,		
DOOD ATION OFFICE		i		

	DISTRIBUTION SANTA FE / / /		DNSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-164 and C-110 Effective 1-1-65	
	LAND OFFICE IRANSPORTER OIL / GAS /	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS	
1.	PROBATION OFFICE		and the second s	7	
	El Paso Natural Gas C	ompany			
	P. O. Box 990, Farmington, AM 87401				
	Reason(s) for filing (Check proper box)	S	Other (Please explain)		
	New Well Recompletion Change in Ownership	Change in Transporter of: OII Dry Gar Casinghead Gas Conden	Ħ l		
	If change of ownership give name and address of previous owner				
H.	DESCRIPTION OF WELL AND I	Vell No., Pool Name, Including Fo	armation Kind of Lease	Lease No.	
	Vandewart Location	1-A Blanco Mesa	State (Federal		
	Unit Letter E : 1	535 Feet From The N Line	e and 1100 Feet From T	he	
	Line of Section 12 Tow	mship 29N Range	81V , NMPM, San Ju	ian County	
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s		
	Name of Authorized Transporter of OH El Paso Natural Gas Co	or Condensate [X]	P. O. Box 990, Farmingt		
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X	Address (Give address to which approv	ed copy of this form is to be sent)	
	El Paso Natural Gas Co	Ompany Unit Sec. Twp. Ege.	P. O. Box 990, Farmingt		
	If well produces oil or liquids, give location of tanks.	E 12 29N 8W	1		
	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Resty. Diff, Resty.	
	Designate Type of Completion	n - (X) X	Total Depth	P.B.T.D.	
	01-26-75	03-12-75	5550'	5533¹ Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc., 6250 GL	Mesa Verde	Top (X)/Gas Pay 4646	5486'	
	Perforations 4646', 4664', 5216', 5242', 5258',	4718', 4734', 4750', 476 5288', 5310', 5329', 534 TUBING, CASING, AND	6', 4782', 5182', 5200', 6', 5364', 5388', 5410', DICEMENTING RECORD	5550'	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	13 3/4"	9 5/8"	208! 3293!	224 cu. ft.	
	8 3/4"	4 1/2" liner	3153-5550'	420-cuft.	
	THE DAMA AND DESCRIPT FO	2 3/8" OR ALLOWARIE (Test must be as	15486! fter recovery of sotal volume of load oil of	1 Tubing and must be equal to or exceed top allow-	
V.	OIL WELL		pth or be for full 24 hours) Producing Method (Flow, pump, gas lif		
	Date First New Cil Run To Tanks	Date of Test	Producing Monios (1 100) perspiration		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Cii-Bbis.	Met-Bbl	Gas-MCF	
	GAS WELL Actual Prod. Test-MCF/D 13,579 Testing Method (pitot, back pr.) Calc. A.O.F. Calc. A.O.F. Calc. Constitute (Shut-in) Calc. Calc. Constitute (Shut-in) Calc. Calc. Constitute (Shut-in) Calc. Cal				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Cable. Condensate/MMCF	Gravity of Condensate	
	13,579 Testing Method (pitot, back pr.)	3 hours Tubing Pressure (Shut-in)	Casti Rasy (Shut-in)	Choke Size	
	Calc. A.O.F.	660	800	3/4"	
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION	
	Cindian house been complied to	regulations of the Oil Conservation with and that the information given best of my knowledge and belief.	Original Signed by A		
			TITLE PETROLEUM ENGINEER DIST. NO. 3		
	The house		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despendent		
	(Stengthre)		It is able from most be accompa	nied by a tabulation of the deviation	
	Drilling Clerk U		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow able on new and recompleted wells.		
	πarch 19, 1975	ne)	Fill and only Sections I II	I. III, and VI for changes of owner, er, or other such change of cenditien.	

(Date)

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.