O

DISTRIBUTION 5	1	ONSERVATION COMMISSION FOR ALLOWABLE AND	Firm C-104 Supersedes Old C-104 and C-11 Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	SAS
TRANSPORTER GAS			
OPERATOR /			
PROPATION OFFICE			
Operator			
El Paso Natural Gas (Company		
P. O. Box 990, Farmir			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of:		
Change in Ownership	Oil Dry Gas Casinghead Gas Conden	[
If change of ownership give name	Contaen	331.	
and address of previous owner			
DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	eterrition Kind of Lease	Lease No.
Hardie A	2A Blanco Mesa	Verde State Federal)r Fee SF078502-A
Unit Letter C : 800	Feel From The North Line	o and 1700 Feet From 1	he West
Line of Section 24 Tow	nship 29-N Range	8-W , NMPM, San	Juan County
DESIGNATION OF TRANSPORT	CER OF OIL AND NATURAL GA	S Address (Give address to which approx	ed copy of this form is to be sent)
El Paso Natural Gas (Company	P. O. Box 990, Farming	·
Name of Authorized Transporter of Cas		Altress (Give address to which approv	· · · · · · · · · · · · · · · · · · ·
El Paso Natural Gas (P. O. Box 990, Farming	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. C 24 29-N 8-W	Is gas artually connected? Whe	n l
If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:	
Designate Type of Completio	n - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.
9-4-76	10-27-76	5968	5952
Elevations (DF, RKB, RT, GR, etc.)		xxx OIL/Gas Pay 5030	Tubing Depth 5936
6706 GL Perforations 5030 5038 5064	<u> Mesa Verde 5102 5125 5139 5155 5168</u>		Depth Casing Shoe
5343 5366 5405 5438 545 5662 5676 5782 5718 575	\$ 5<u>\$8</u>1 5<u>8</u>96 5<u>8</u>93 5<u>8</u>99 56	507 5612 5619 5640 5654	5968
	, , , , , , , , , , , , , , , , , , , 	CEMENTING RECORD	54 SWE SEWENE
HOLE SIZE	CASING & TUBING SIZE 9 5/8"	2261	SACKS CEMENT 224 cu. ft.
13 3/4" 8 3/4"	711	3704'	291 cu. ft.
6 1/4"	4 1/2" liner	3585-5968'	421 cu. ft.
	2 3/8''		tubing
TEST DATA AND REQUEST FO		fter recovery of total volume of load oil (pth or be for full 24 hours)	and must-be repual to or exceed top allou-
OII. WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas V)	i, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	O(1-Bbls.	Water - Pola.	Gan - MCF
1			
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 516	Casing Pressure (Shut-in) 820	Choke Size
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION 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 Signal value Voldens 19	
move is true and complete to the	oest of my knowledge and bettel.	TITLE SUSTEMBLE GLST	1. #8
n la L.		This form is to be filed in compliance with RULE 1104.	

C

W. H. Dusco (Signature)

Drilling Clerk

November 12, 1976

(Title)

(Date)

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.