	1 2	1		•
	DISTRIBUTION	NEW MEYICO OU	CONSERVATION COMMISSION	
	ANTA FE /	•	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-116
	FILE	7	AND	Effective 1-1-65
	U.S.G.S.	ALITHODIZATION TO TO	ANSPORT OIL AND NATU	DAL CAC
	LAND OFFICE	AUTHORIZATION TO TR	MINSPORT OIL AND NATU	RAL GAS
	TRANSPORTER OIL /	-		
	OPERATOR			OFFI
•	PRORATION OFFICE			/ KII.FII/N
z .	Operator			
	El Paso Natural Gas C	Company		App o
	Address			197c
	P. O.Box 990, Farming	ton, NM 87401		(off 600)
	Reason(s) for filing (Check proper box		Other (Please explai	Dres COM
	New Well	Change in Transporter of:		3 3 7
	Recompletion	Oil Dry G	as [
	Change in Ownership	Casinghead Gas Conde	ensate	
		· · · · · · · · · · · · · · · · · · ·		
	If change of ownership give name and address of previous owner			_
	•			
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind o	f Lease Lease No.
		1A Blanco MV	1	Federal or Fee SF078415A
	Roelofs A	IA Blanco MV		
		Feet From The N	1700	w
	Unit Letter C ; 800	Feet From The Li	ne andFeet	From The
	Line of Section 10 To	wnship 29N Range	8W · , NMPM,	San Juan
	Line of Section 10 10	wilding Lord Hange	, MAINT MI,	County County
111	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	15	
III.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Cil	TER OF OIL AND NATURAL G	AS Address (Give address to which	approved copy of this form is to be sent)
111.	Name of Authorized Transporter of Ci	or Condensate X	Address (Give address to which	
111.	Name of Authorized Transporter of Ci	or Condensate X	P. O. Box 990, F	*
l II .	Name of Authorized Transporter of CI El Paso Natural Gas (Name of Authorized Transporter of Ca	or Condensate X Company Singhead Gas or Dry Gas X	P. O. Box 990, F	armington, NM 87401 approved copy of this form is to be sent)
111.	Name of Authorized Transporter of CII El Paso Natural Gas (Name of Authorized Transporter of Ca El Paso Natural Gas (or Condensate X Company Singhed Gas or Dry Gas X Company	P. O. Box 990, F	armington, NM 87401 approved copy of this form is to be sent)
111.	Name of Authorized Transporter of CI El Paso Natural Gas (Name of Authorized Transporter of Ca	or Condensate X Company singhead Gas or Dry Gas X Company Unit Sec. Twp. Rge.	P. O. Box 990, F. Address (Give address to which P. O. Box 990, F. D. Box 990, F. P. O. Box 990, F.	armington, NM 87401 approved copy of this form is to be sent) armington, NM 87401
	Name of Authorized Transporter of CII El Paso Natural Gas (Name of Authorized Transporter of Ca El Paso Natural Gas (If well produces oil or liquids, give location of tanks.	or Condensate X Company strighted Gas or Dry Gas X Company Unit Sec. Twp. Rge. C 10 29N 8W	Address (Give address to which P. O. Box 990, F. Address (Give address to which P. O. Box 990, F. Is gas actually connected?	armington, NM 87401 approved copy of this form is to be sent) armington, NM 87401 When
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	Name of Authorized Transporter of CII El Paso Natural Gas (Name of Authorized Transporter of CII El Paso Natural Gas (If well produces oil or liquids, qive location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded 02-10-76 Elevations (DF, RKB, RT, GR, etc.) 6319 GL	or Condensate X Company singhead Gas or Dry Gas X Company Unit Sec. Twp. Rge. C 10 29N 8W th that from any other lease or pool, on - (X) Gas Well on - (X) X Date Compl. Ready to Prod. 04-20-76 Name of Producing Formation MY 4767 4781 4800 49 241,5230 5246 5258 53 381,5478 5489 5500 55	Address (Give address to which P. O. Box 990, F. Address (Give address to which P. O. Box 990, F. Is gas actually connected? Is gas actually connected? Workover Deep X Total Depth 5613' Top Oll/Gas Pay 24: 4830', 4947', 4961 01',5311',5325',5347 40',5568',5584'	armington, NM 87401 approved copy of this form is to be sent) armington, NM 87401 when Plug Back Same Res'v. Diff. Res'v. P.B.T.D. 5596' Tubing Depth 5573'
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	Name of Authorized Transporter of CII E1 Paso Natural Gas (Name of Authorized Transporter of CII E1 Paso Natural Gas (E1 Paso Natural Gas (If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Spudded O2-10-76 Elevations (DF, RKB, RT, GR, etc.) 6319 GL Perforations 4060 , 4679 , 477 5018 , 5085 , 5193 , 523 5357 , 5370 , 5413 , 54 HOLE SIZE 13 3/4"	Or Condensate X	Address (Give address to which P. O. Box 990, F. Address (Give address to which P. O. Box 990, F. Is gas actually connected? give commingling order number New Well Workover Deep X Total Depth 5613' Top Cil/Gas Pay 4660 4947' 4961 Ol',5311',5325',5347 OCEMENTING RECORD DEPTH SET 214' 3361' 3205-5613'	armington, NM 87401 approved copy of this form is to be sent) armington, NM 87401 when Plug Back Same Res'v. Diff. Res'v. P.B.T.D. 5596' Tubing Depth 5573' ' Depth Casing Shoe ' 5613' SACKS CEMENT 224 CU. ft. 313 CU. ft. 423 CU. ft.
IV.	Name of Authorized Transporter of CII E1 Paso Natural Gas (Name of Authorized Transporter of CII Paso Natural Gas (If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded 02-10-76 Elevations (DF, RKB, RT, GR, etc.) 6319 GL Perforations 4060 4679 479 5018 5085 5193 522 5357 5370 5413 542 HOLE SIZE 13 3/4" 8 3/4" 6 1/4"	or Condensate X Company singhead Gas or Dry Gas X Company Unit Sec. Twp. Rge. C 10 29N 8W th that from any other lease or pool, on - (X) Gas well on - (X) A Ready to Prod. 04-20-76 Name of Producing Formation MY 767; 4781; 4800; 49 24; 5230; 5246; 5258; 53 38; 5478; 5489; 5500; 55 TUBING, CASING, AN CASING & TUBING SIZE 9 5/8" 7" 4 1/2 Liner 2 3/8"	Address (Give address to which P. O. Box 990, F. Address (Give address to which P. O. Box 990, F. Is gas actually connected? give commingling order number New Well Workover Deep X Total Depth 5613' Top Cil/Gas Pay 4660, 4947', 4961 01',5311',5325',5347 40',5568',5584' D CEMENTING RECORD DEPTH SET 214' 3361' 3205-5613' 5573'	armington, NM 87401 approved copy of this form is to be sent) armington, NM 87401 when Plug Back Same Res'v. Diff. Res'v. P.B.T.D. 5596 Tubing Depth 5573 Depth Casing Shoe , 5613 SACKS CEMENT 224 Cu. ft. 313 Cu. ft. 423 Cu. ft. Tbg
IV.	Name of Authorized Transporter of CII E1 Paso Natural Gas (Name of Authorized Transporter of CII Paso Natural Gas (If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded 02-10-76 Elevations (DF, RKB, RT, GR, etc.) 6319' GL Perforations 4060', 4679', 47; 5018', 5085', 5193', 52; 5357', 5370', 5413', 54. HOLE SIZE 13 3/4'' 8 3/4'' 6 1/4'' TEST DATA AND REQUEST F	or Condensate X Company singhead Gas or Dry Gas X Company Unit Sec. Twp. Rge. C 10 29N 8W th that from any other lease or pool, on - (X) X Date Compl. Ready to Prod. 04-20-76 Name of Producing Formation MY 4767; 4781; 4800; 49 24; 5230; 5246; 5258; 53 38; 5478; 5489; 5500; 55 TUBING, CASING, AN CASING & TUBING SIZE 9 5/8" 7" 4 1/2 Liner 2 3/8" OR ALLOWABLE (Test must be defined to the company of the com	Address (Give address to which P. O. Box 990, F. Address (Give address to which P. O. Box 990, F. Is gas actually connected? Is gas actually connected? Is gas actually connected? In the well workover Deep X Total Depth 5613' Top Oll/Gas Pay 24: 4830', 4947', 4961 01',5311',5325',5347 40',5568',5584' CEMENTING RECORD DEPTH SET 214' 3361' 3205-5613' 5573' Ifter recovery of total volume of log	armington, NM 87401 approved copy of this form is to be sent) armington, NM 87401 when Plug Back Same Res'v. Diff. Res'v. P.B.T.D. 5596' Tubing Depth 5573' ' Depth Casing Shoe ' 5613' SACKS CEMENT 224 CU. ft. 313 CU. ft. 423 CU. ft.
IV.	Name of Authorized Transporter of CII E1 Paso Natural Gas (Name of Authorized Transporter of CII Paso Natural Gas (If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded 02-10-76 Elevations (DF, RKB, RT, GR, etc.) 6319 GL Perforations 4060 4679 479 5018 5085 5193 522 5357 5370 5413 542 HOLE SIZE 13 3/4" 8 3/4" 6 1/4"	or Condensate X Company singhead Gas or Dry Gas X Company Unit Sec. Twp. Rge. C 10 29N 8W th that from any other lease or pool, on - (X) X Date Compl. Ready to Prod. 04-20-76 Name of Producing Formation MY 4767; 4781; 4800; 49 24; 5230; 5246; 5258; 53 38; 5478; 5489; 5500; 55 TUBING, CASING, AN CASING & TUBING SIZE 9 5/8" 7" 4 1/2 Liner 2 3/8" OR ALLOWABLE (Test must be defined to the company of the com	Address (Give address to which P. O. Box 990, F. Address (Give address to which P. O. Box 990, F. Is gas actually connected? give commingling order number New Well Workover Deep X Total Depth 5613' Top Cil/Gas Pay 4660, 4947', 4961 01',5311',5325',5347 40',5568',5584' D CEMENTING RECORD DEPTH SET 214' 3361' 3205-5613' 5573'	armington, NM 87401 approved copy of this form is to be sent) armington, NM 87401 when Plug Back Same Res'v. Diff. Res'v. P.B.T.D. 5596 Tubing Depth 5573 Pepth Casing Shoe Sacks CEMENT 224 Cu. ft. 313 Cu. ft. 423 Cu. ft. Tbg ad oil and must be equal to or exceed top allows

Date of Test	Proceeding Method (Fibb., pt.	Producing Method (Flow, pump, gas lift, etc.)	
Tubing Pressure	Casing Pressure	Choke Size	
Oil-Bbls.	Water - Bbls.	Gas-MCF	
	Tubing Pressure	Tubing Pressure Casing Pressure	Tubing Pressure Casing Pressure Choke Size

GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	640	670			

APPROVED

VI. CERTIFICATE OF COMPLIANCE

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.

D. G. Su	(20
	(Signature)
Drilling Clerk	

(Date)

(Title)

April 27, 1976

TITLE SUPERVISOR DIST. #3

This form is to be filed in compliance with RULE 1104.

OIL CONSERVATION COMMISSION MAY 3 1976

Original Signed by A. R. Hendrick

19.

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.

Sanarata Forms C-104 must be filled for each good in multiply