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CO OIL CONSERVATION COMMISSION

Form C = 1.04

SANTA FE	RE	EQUEST F	FOR ALL	OWABLE	1001011		les Old C•10	4 and C-11
FILE	_		AND			Effective	e 1-1-65	
U.S.G.S.	AUTHORIZATION	TO TRAI	NSPORT	OIL AND I	NATURAL G	AS		
OIL								
TRANSPORTER GAS								
OPERATOR								
PRORATION OFFICE								
Operator El Paso Natural Gas	Company							
Address								
Box 990, Farmington,	New Mexico							
Reason(s) for filing (Check proper box	:)			Other (Please	explain)			
New Well	Change in Transporter o		r		N (11			
Recompletion Change in Ownership	Oil Casinghead Gas	Dry Gas Condens			Name Char Turner St			
Change in Cwhetanip	Cashigheda dab				TWITTED DE	ωω η τ		
If change of ownership give name and address of previous owner								
and address of previous owner								
DESCRIPTION OF WELL AND Lease Name	LEASE Lease No. Well No	- Fool Nam	e Includi	ng Formation		Kind of Lease		
San Juan 30-6 Unit	20 Pedse No. 1 1.61 No.	į.		sa Verde		S ty te, Federal c	r Fee	
Location				30 (0100				
Unit Letter;;;	Feet From The	Line	e and		Feet From T	he		
_								
Line of Section 36 To	wnship 30N F	Range	6w	, NMPM	Rio Arrib	.a.		County
DESCRIPTION OF SERVEDOR	TOD OF OU AND MATE	DAL CAS	e					
DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oi	or Condensate		Address (Give address	to which approv	ed copy of this fo	rm is to be s	ent)
El Paso Natural Gas						Farmington		
Name of Authorized Transporter of Ca		as 🛣	Address (Give address		ed copy of this fo		
El Paso Natural Gas						Farmington	New M	exico
If well produces oil or liquids,	Unit Sec. Twp.	Rge.	ls gas do	tually connect Yes	ed? Whe	n		
give location of tanks.		<u> </u>						
If this production is commingled with COMPLETION DATA	th that from any other lease	e or pool, g	give comm	ningling orde	r number:			
		Gas Well	New Wel.	Workover	Deepen	Plug Back Sa	me Res'v. D	iff. Res'v.
Designate Type of Completi	<u> </u>			.,	1	D.D. 77.12		
Date Spudded	Date Compl. Ready to Prod.		Total De	otn		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	on .	Top Cil/O	Gas Pay		Tubing Depth		
in the second section of the section								
Perforations			L			Depth Casing Sl	108	
								
	TUBING, CAS		CEMENT					
HOLE SIZE	CASING & TUBING	SIZE		DEPTHS	ET	SACK	SCEMENT	
			<u> </u>					
TEST DATA AND REQUEST F	OR ALLOWABLE (Test	t must be af	ter recover	y of total volu	me of load oil a	nd must be equal	to or exceed	l top allou
OIL WELL Date First New Oil Run To Tanks	Date of Test	jor this de		or full 24 hours	v, pump, gas lift	etc.)		
Date Flist New Oil Nam 10 Tanks	22.0 0. 7007			•				
Length of Test	Tubing Pressure		Casing P	ressure		Choke Size		<u></u>
							نتبيل	 ـــــــــــــــــــــــــــــــــ
Actual Prod. During Test	Oil-Bbls.		Water - Bb	ols.		Gast MEELL	 € 8	Ź
			<u> </u>			T.T	1 3 1965	
CAC WELL						\	oti i	!
GAS WELL Actual Prod. Test-MCF/D	Length of Test		Bbls. Co	ndensate/MMC	F	Gravity of Cond	beedto 3	
			!				1131. J	/
Testing Method (pitot, back pr.)	Tubing Pressure		Casing P	ressure		Choke Size		
			:					
CERTIFICATE OF COMPLIAN	ICE			OIL	CONSERVA	TION COMMI	SSION	
			4555	OVED_NO	v 1 1965		19	
I hereby certify that the rules and Commission have been complied	with and that the informati	ion given i	1			am C A-	•	
above is true and complete to th	e best of my knowledge ar	nd belief.	BY_C			ery C. Ar	14910	
			: TITLE	Supervi	sor Dist. # 3	·		
	a ADEDIV							

VI.

ORIGINAL SIGNLD E.S. OBERLY

Petroleum Enginee		
October 8, 1965	(Title)	
	(Date)	

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

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.

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