4			/
DISTRIBUTION	NEW MEXICO OU	CONSERVATION COMMISSION	Para Guian
SANTA FE /		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11
FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS
LAND OFFICE	_		
FRANSPORTER OIL GAS !			
OPERATOR /	-		
PRORATION OFFICE Operator			
NORMAN L	GILBREATH		
Reason's) for filing (Check proper bo)		97410 Other (Please explain) To	RANSPORTER FROM PACIFIC
New We.	Change in Transporter of:	NORTHWEST PIPEL	INE TO EPNG
Recompletion	OII Dry G	as   OPERATER CHANGE	D'TO NORMAN & GILBREATH
Change in Ownership	Casinghead Gas Conde	1 1 1	om Kogan #1 to MSI Imy #1
If change of ownership give name and address of previous owner	WeilShire Developme	Nt, 425 PETROLEUM CLI	B BIDG, DENVER 2, Co
II. DESCRIPTION OF WELL AND	Wall Ma Dool Mana Individing 5	Formation Kind of Lea	se Legse No.
HO POR	7 / 1 /	PICTURED CLIFFS State, Feder	ral or <b>500</b> SF 08039D
Location Unit Letter ;	20 Feet From The South Li	ne and <u>1756</u> Feet From	The EAST
Line of Section 7 To	waship $29N$ Range	JAW , NMPM, SA	N JUAN County
II. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS Address (Give address to which appr	oved copy of this form is to be sent)
Name of Authorized Transporter of Co		Address (Give address to which appr	
EL PASO NATUR	ALGAS COMPANY		NGTON, New mexico
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? W	hen
If this production is commingled w V. COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:	
Designate Type of Completi	on - (X)   Oil Well   Gas Well	New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	1559 Top Oil/Gas Pay	
	•		Tubing Depth
5575 DF Perforations	PICTURED CLIFFS	15/8	Depth Casing Shoe
<u> </u>	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	35/8"	104	30
	51/2"	1559	50
V. TEST DATA AND REQUEST F	OR ALLOWARIE. (Test must be a	after recovery of total volume of load of	l and must be equal to or exceed top allow
OIL WELL	able for this d	epth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas i	lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
ACF //2 O Testing Method (pitot, back pr.)	3 ARS Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Inplud Lieseme (2902-19)	OdemA transma (numa ***)	
I. CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION

i hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given

above is true and complete to the best of my knowledge and be	iiei.
7	•
1/2 1 Stiller to	
1 Johnson 2. Allienth	
Oll Mil	
(Title)	

(Date)

APPROVED Warell, Jr. ORIG BY P80 TITLE .

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