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NO. OF COPIES RECEIVED]		
DISTRIBUTION	NEW MEXICO OIL C	Form C-104	
SANTA FE /		FOR ALLOWABLE	Supersedes Old C-104 and C-11
FILE / C]	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATUR	AL GAS
LAND OFFICE			
TRANSPORTER GAS			
OPERATOR ()	1		
PRORATION OFFICE	1		
Operator			
El Paso Natural Gas	Company		
Address			
Box 990, Farmington			
Reason(s) for filing (Check proper box		Other (Please explain	.)
New Well	Change in Transporter of:	 ,	
Recompletion	Oil Dry Go		
Change in Ownership	Casinghead Gas Conde	ensate	
If change of ownership give name and address of previous owner			
	I DACE \		
Lease Name	LEASE Lease No Well No. Pool No.	ime, Including Formation	Kind of Lease
Farmington A	7	sin Dakota	State, Federal or Fee
Location			<u> </u>
Unit '.etter P : 80	O Feet From The South Lin	ne and 800 Feet	From The East
Unit Letter;OU	Peet From The Bod VII	ne und reer	Trom the
Line of Section 1 Toy	wnship 29N Range	13W , NMPM, San	Juan County
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DIST. **GAS WELL**

Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test 8856 MCF/D 3 Hours Choke Size Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure Calculated A.O.F. **SI 146**8 SI 1989 3/4" OIL CONSERVATION COMMISSION

APPROVED

BY.

TITLE _

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.

Original	Signed	F.	Н.	WOOD

(Title)

(Date)

(Signature) Petroleum Engineer

April 4, 1966

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

APR 1 2 1966

Supervisor Dist. # 3

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.