NO. OF CHIEF SECTIVES			المستحدث	
D151 (H0 U1 (CH				
SANTATE				
THE				
U.5.G.5.				
LAND OF FICE				
TRANSPORTER	OIL.			
THE NOT CHILL	GAS			
OPERATOR				
PROBATION OFF CE				
Operator				

1 7 7	OISTHOUTION / /				Thim C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	LAND OFFICE THANSPORTER OIL GAS OPERATOR	HAST OT HOITASISSOHTUA	SPORT OIL AND P	VATURAL GAS			
Operator Northwest Pipeline Corporation Address							
	Reason(s) for filing (Check proper box) New Well Change in Transporter of:						
- 1	Recompletion Oil Dry Gas A Condensate X Condensate X						
1 1	change of ownership give name El	Paso Natural Gas Company	, PO Box 990,	Farmington,	New Mexico 87401		
I. <u>I</u>	DESCRIPTION OF WELL AND L	Mell Mor' boot Manuel merganid	matton	Kind of Lease	Loon + 15.		
	Rosa Unit	10 Blanco Mesa	Verde	State, Federal or			
	Location Unit Letter M : 890	Feet From The South Line	and 990	Feet From The			
	Line of Section 13 Town	ship 31N Range	6W , NMP1	u, Rio Arri	Oa County		
, .		ER OF OIL AND NATURAL GAS			account this form is to be sent!		
i.]	Northwest Pipeline	or Contiensate W	501 Airport T	rive. Farmi	copy of this form is to be sent) ngton, New Mexico 8740		
j	Name of Authorized Transporter of Cast	nghead Gas Cor Dry Gas X	Address (Give address to which approved copy of this form is to be sent) 501 Airport Drive, Farmington, New Mexico 87401				
	Northwest Pipeline	Unit Sec. Twp. P.gc.	Is gas actually connec				
	If well produces oil or liquids, give location of tarks.	M 13 31H 6W	ive commingling ord	er number:			
v. ³	If this production is commingled with COMPLETION DATA	that from any other lease or pool, g	New Well Workover	Deepen P	lug Back Same Resty, Diff. Resty.		
	Designate Type of Completion	n – (X)	1		.B.T.D.		
	Date Spuddød	Date Compl. Ready to Prod.	Total Depth				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	1.	ubing Depth		
Perforations Depth Casing Shoo							
		TUBING, CASING, AND	CEMENTING RECO	ORD	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH	5E1	DAGNO GENEVIT		
				10	I must be squal to or exceed ton ullow-		
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be af able for this de	nth or be for full 24 no	- 3	i must be equal to or exceed top ullou-		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method				
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size		
	Actual Frod. During Test	Oil-Bbls.	Water-Bbls.		Gaa - MCF		
			10	DIST. 3			
	GAS WELL	1	Bbls. Condensate/Mi		Gravity of Condensats		
	Actual Prod. Test-MCF/D	Length of Tost			Choke Size		
	Teating Method (p.tot, back pr.)	Tubing Pressure (shut-in)	Casing Fressure (6)				
VI.	CERTIFICATE OF COMPLIANCE			FEB 7 19	174 . 19		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given to the heat of my knowledge and belief.		APPROVED	1 Signed by	Emery C. Arnold		
	Commission have been complied above is true and complete to the	TITLE S	Original Signed by Emery C. Arnold SUPERVISOR DIST. #3				
			TITLE	to be filed in co	ompliance with RULE 1104.		
	(Signature)		If this is a request for allowable for a navly driller of despends well, this form must be accompanied by a tabletion of the deviation tests taken on the well in accordance with HULE 111. All acctions of this form must be filled out completely for all two able on new and recompleted wells.				
	(1)						
	(1	(ate)	Fill out only Sections I. II, and VI for change of condition well name or number, or transporter or other such change of condition. Separate Forms C-104 must be filed for each pool in multi, ly completed wells.				