| DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Cperator | NO. OF COPIES RECE | EIVED | | 6 | |
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| FILE // • U.S.G.S. LAND OFFICE TRANSPORTER OIL ! GAS / OPERATOR PRORATION OFFICE | DISTRIBUTIO | DN NC | | | |
| U.S.G.S. LAND OFFICE TRANSPORTER OIL ! GAS / OPERATOR PRORATION OFFICE | SANTA FE | | 1 | | |
| LAND OFFICE TRANSPORTER OIL ! GAS / OPERATOR PRORATION OFFICE | FILE | | 1 | | |
| TRANSPORTER OIL ! GAS / OPERATOR PRORATION OFFICE | U.S.G.S. | | | ! | |
| OPERATOR GAS / | LAND OFFICE | ND OFFICE | | | |
| GAS / OPERATOR 2 PRORATION OFFICE | T. D. LUCBORT ED | OIL | 1 | | |
| PRORATION OFFICE | HANSPORIER | GAS | 1 | | |
| | OPERATOR | | 2 | | |
| Operator | PRORATION OF | ICE | | | |
| | Operator | | | | |
| | El Paso Na | | | | |
| Address | | | | | |
| Address Box 990, Farmington, | Address | | gto | m, | |

| DISTRIBUTION SANTA FE | NEW | | CONSERVATION COMMISSINT FOR ALLOWABLE | ON Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 | | |
|--|---------------------------------|-------------------------------|---|--|--|--|
| FILE / | | | AND | | | |
| U.S.G.S. | AUTHORIZA | TION TO TE | TURAL GAS | | | |
| LAND OFFICE | | | | | | |
| TRANSPORTER GAS / | | | | | | |
| OPERATOR 2 | | | | | | |
| I. PRORATION OFFICE | | | | | | |
| Cperator El Paso Natural Ga | as Company | | | | | |
| Address | | | | | | |
| Box 990, Farmington Reason(s) for filing (Check prope | m, New Mexico | | Other (Please exp | plain) | | |
| New Well | Change in Trans | porter of: | | | | |
| Recompletion | Oil | Dry | Gas | • | | |
| Change in Ownership | Casinghead Gas | Cond | densate | | | |
| If change of ownership give na | me | | | | | |
| and address of previous owner | | | | | | |
| II. DESCRIPTION OF WELL A | ND LEASE | Well No. Pool | Name, Including Formation | Kind of Lease | | |
| | | | ztec Pictured Cliff | State, Federal or Fee | | |
| Ludvick Location | | -J | 2000 11000 | | | |
| Unit Letter D ; 9 | Feet From The | North | ine andF | Feet From The West | | |
| 10 | | Panao 1 | OY , NMPM, | San Juan County | | |
| Line of Section 19 | , Township 30N | Range 1 | , MINITENI, | San Juan | | |
| II. DESIGNATION OF TRANSI | PORTER OF OIL AND | NATURAL (| GAS | | | |
| Name of I uthorized Transporter of | of Oil or Condens | ate 🏋 | Address (Give address to w | hich approved copy of this form is to be sent) | | |
| R1 Pago Natural G | of Casinghead Gas or | Dry Gas 👿 | Address (Give address to u | hich approved copy of this form is to be sent) | | |
| El Paso Natural G | | | Box 990 Farm | ington New Mexico | | |
| If well produces oil or liquids, | Unit Sec. | Twp. Rge. | Is gas actually connected? | rington New Mexico | | |
| give locat on of tanks. | D 19 | 30N 10 | | | | |
| If this production is commingle | ed with that from any othe | r lease or poo | ol, give commingling order nu | ımber: | | |
| V. COMPLETION DATA | Oil Well | Gas Well | New Well Workover | Deepen Plug Back Same Res'v. Diff. Res'v | | |
| Designate Type of Comp | oletion – (X) | X | 1 | | | |
| Date Spudded | Date Compl. Ready t | o Prod. | Total Depth | P.B.T.D. | | |
| 10-29-65 | 11-30-65 Name of Producing F | | 2936 Top CH/Gas Pay | Tubing Depth | | |
| Pool | | | 280 ₁ | Tubingless completion | | |
| Pictured Cliffs Perforations | Pictured Clif | <u> 18</u> | | Depth Casing Shoe | | |
| 2801-09, 2819-35 | | | | 2936 | | |
| | | | AND CEMENTING RECORD | SACKS CEMENT | | |
| HOLE SIZE | CASING & TU | IBING SIZE | 154 ' | 125 sks. | | |
| 12 1/4" | 8 5/8" 2 7/8" | | 2936! | 200 cu. ft. | | |
| 7 7/8" | 2 1/0 | | 2930 | 200 cu 100 | | |
| | | | | | | |
| V. TEST DATA AND REQUES | ST FOR ALLOWABLE | (Test must b able for thi: | se after recovery of total volume s depth or be for full 24 hours) | of load oil and must be equal to or exceed top allou | | |
| OIL WELL Date First New Oil Run To Tank | s Date of Test | | Producing Method (Flow, p | nump, gas lift, etc.) | | |
| | | | | OF THE | | |
| Length of Test | Tubing Pressure | | Casing Pressure | Choky SKLULIY ED | | |
| Actual Prod. During Test | Oil-Bbls. | | Water-Bbls. | Gas-MCFDEC 2 7 1965 | | |
| Actual Prod. During Test | 0 25 | | | | | |
| | | | | OIL CON. COM. | | |
| GAS WELL | | | 5) 1 G 1 (A) (GE | Clarity of Condensate | | |
| Actual Prod. Test-MCF/D | Length of Test | | Bbls. Condensate/MMCF | Gravity of Condensate | | |
| 2,698 MCF/D Testing Method (pitot, back pr.) | J | 3 hours Tubing Pressure | | Choke Size | | |
| Calculated A.O.F. | | | | 3/4" | | |
| VI. CERTIFICATE OF COMPI | ANCE | | SI 453 | NSERVATION COMMISSION | | |
| | | | JA | IN 7 1966 | | |
| 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. | | on APPROVED | igned Emery C. Arnold 19 | | | |
| | | ef. BY | | | | |
| | | | TITLE | 1917 Die is 1 | | |
| | | | | e filed in compliance with RULE 1104. | | |
| ORIGINAL SIGNED E.S. | ORIGINAL SIGNED E.S. OBERLY | | | st for allowable for a newly drilled or deepene | | |
| | (Signature) | | moli this form must h | e accompanied by a tabulation of the deviation of the dev | | |
| Petroleum Enginee | | | | nis form must be filled out completely for allow | | |
| | (Title) | | | mpleted wells. | | |
| December 22, 1965 | | | Fill out Sections well name or number. | Fill out Sections I, II, III, and VI only for changes of owned well name or number, or transporter, or other such change of condition | | |
| | (Date) | | Separate Forms | C-104 must be filed for each pool in multipl | | |
| | | | completed wells. | | | |