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SANTA FE		7	
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U.S.G.S.		+	
LAND OFFICE		-	
TRANSPORTER	OIL		
	GAS		
OPERATOR		4	
PRORATION OFFICE		7	

SANTA FE /		T FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11
FILE / L		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURA	L GAS
LAND OFFICE			
TRANSPORTER OIL			
OPERATOR (
1 PRORATION OFFICE			
Obstator			
El Paso Natural Gas	Company		
Address			
Box 990, Farmington	, New Mexico		
Reason(s) for filing (Check proper b	ox)	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion X Change in Ownership	Oil Dry G	<u> </u>	
Change In Ownership	Casinghead Gas Conde	ensate	
If change of ownership give name			
and address of previous owner			
II. DESCRIPTION OF WELL AND	D LEASE		
Lease Name		ame, Including Formation	Kind of Lease
San Juan 32-9 Unit	20	Blanco Mesa Verde	State, Federal or Fee Federal
Location			
Unit Letter A; 9	90 Feet From The North Li	ine and 990 Feet Fr	om The East
Line of Section 18 , 7	ownship 31N Range	9W , _{NMPM} , Sa	n Juan County
Line of Section 10,7	Cownship 3LN Range	9W , NMPM, S8	II Juan County
III. DESIGNATION OF TRANSPO	RTER OF OUL AND NATURAL G	AS	
Name of Authorized Transporter of C			oproved copy of this form is to be sent)
Name of Authorized Transporter of C	Casinghead Gas or Dry Gas	Address (Give address to which ap	oproved copy of this form is to be sent)
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When
give location of tanks.	·		
If this production is commingled v	with that from any other lease or pool,	, give commingling order number:	
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Complet		X	X
Date Spudded	Date Compl. Ready to Frod.	Total Depth	P.B.T.D.
3-5-54	W/O 12-6-64	Whipstock 5873	co 5846
Pool	Name of Producing Formation	Top XX/Gas Pay	Tubing Depth
Blanco Mesa Verde	Mesa Verde	5300 (Perfs)	5800
Perforations			Depth Casing Shoe
5300-06, 5320-26, 5	344-50, 5360-66, 5732-38,		2 4-3 0 5873
		ID CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	173	125
8 3/4"	4 1/2"	5220' 5873'	500
0.1/4	4 1/2	5013	200
V. TEST DATA AND REQUEST	FOR ALLOWARIE (Test must be	after recovery of total volume of load	oil and must be equal to or exceed top allow-
OIL WELL		lepth or be for full 24 hours)	or and mast be equal to be exceed top arrows
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)
			AFI FIVED \
Length of Test	Tubing Pressure	Casing Pressure	Soft Figure
			1 1965
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	OIL CON. COM.
			OIL COM.
GAS WELL			OIL DIST. 3
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Conductate
W/O 8123 MCF/D	3 Hrs.		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Open Flow	SIPT 913	SIPC 914	3/4"
VI. CERTIFICATE OF COMPLIA	NCE	OIL CONSER	VATION COMMISSION
		1	
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVEDEB 11 1965 Original Signed By	, 19
A STATE OF THE STA			
above is the and complete to t	TITLE PETROLEUM ENGINEER DIST NO.		GINEER DIST NO. 3
1/160	<i>;</i>	TITLE PETROLEUN EN	Qui Shahati
		This form is to be filed	in compliance with RULE > 104.
	i.	If this is a request for al	lowable for a newly drilled or deepened
, ,	gnature)	well, this form must be according tests taken on the well in ac	npanied by a tabulation of the deviation cordance with RULE 111.
Petroleum Engineer			must be filled out completely for allow-
February 9, 1965	(Title) able on new and recompleted wells.		wells.
• • • •	Date :		III, and VI only for changes of owner, porter, or other such change of condition.
(1			nust be filed for each pool in multiply
		completed wells.	• •