| A 1  | <del></del>                              |   |                         |                     |  |        |
|--|--|---|-------------------------|---------------------|--|--------|
| NO. OF COPIES RECEIVED                                 | 6  |   |                         |                     |  |        |
| DISTRIBUTION   | DISTRIBUTION NEW MEXICO OIL CONSERVATION |   |                         |                     | Form C-104                                   |        |
| SANTA FE   |  | REQUEST FOR ALLOWABLE   |                         |                     | Supersedes Old C-104 and<br>Effective 1-1-65 | C-116  |
| FILE   | // -                                     |   | AND                     |                     | Effective 1-1-02                             |        |
| U.S.G.S.   |  | AUTHORIZATION TO TRAN   | ISPORT OIL AND          | NATURAL GA          | S  |        |
| LAND OFFICE  |  |   |                         |                     |  |        |
| TRANSPORTER GAS  | <del>-+ : +</del>                        |   |                         |                     |  |        |
| OPERATOR   | 2  |   |                         |                     |  | \      |
| PRORATION OFFICE                                       |  |   |                         |                     |  | +      |
| Operator   |  | Comons  |                         |                     |  | 1 1    |
| El Paso Nata   |  |   |                         |                     | 25. 200 JM.                                  |        |
| Reason(s) for filing (Chec.                            | k proper box                             | , New Mexico - 87401  | Other (Ple              | ise explain)        | 33   |        |
| New Well   | n proper bon,                            | Change in Transporter of:   |                         |                     |  |        |
| Recompletion   |  | Oil Dry Gas   |                         |                     |  |        |
| Change in Ownership                                    |  | Casinghead Gas Condens  | ate                     |                     |  |        |
|  |  |   |                         |                     |  |        |
| If change of ownership g<br>and address of previous    |  |   |                         |                     |  |        |
| . DESCRIPTION OF WI                                    | ELL AND                                  | Well No. Pool Name, Including Fo  | rmation                 | Kind of Lease       | Lease  | No.    |
| Lease Name Woodriver                                   |  | 4 Blanco Pictur   |                         | State, Federal      | or Fee SF 078310                             | 6-D    |
| Location WOODF14GF                                     |  | 4 Branco Freder   | OW ORKEID               |                     |  |        |
| Unit Lette: M  |  | Feet From The South Line  | and 990                 | Feet From TI        | <sub>ne</sub> _West                          |        |
| Line of Section 5                                      | Tov                                      | wnship 3CN Ronge  | <b>₩</b> , NM           | PM, San u           | gn Cou                                       | inty   |
| I. DESIGNATION OF TI                                   | RANSPOR                                  | rer of oil and natural gas  | Address (Give addre     | ss to which approx  | ed copy of this form is to be sent)          | ,      |
| Name of Authorized Trans                               |  |   |                         |                     |  |        |
| El Paso Nata   | rorter of Cas                            | singhead Gas or Dry Gas X   | Address (Give addre     | ss to which app 21. | ed copy of this form is to be sent)          |        |
| El Paso Nati   |  |   | Box 990, Fa             | rmington, I         | ew Mexico - 87401                            |        |
|  |  | Unit Sec. Twp. Age.   | Is gas actually conn    | ected? Vibe         | 1  |        |
| If well produces oil or liq<br>give location of tanks. | ulus,                                    | M 5 30N 9W  |                         |                     |  |        |
| If this production is con                              | mingled wi                               | th that from any other lease or pool,                                   | give commingling o      | der number:         |  |        |
| COMPLETION DATA  |  | Oil Well Gos Well   | New Well Workey         |                     | Plug Back   Same Restv. Diff. F              | Res'v. |
| Designate Type of                                      | Completion                               |   | X                       | 1                   |  |        |
| Date Spudded   |  | Date Compl. Ready to Prod.  | Total Depth             |                     | P.B.T.D.                                     |        |
| 5-4-69   |  | 6-27-69   | 3143                    |                     | 3133'  |        |
| Elevations (DF, RKB, RT                                | GR. etc.                                 | Name of Producing Formation   | Top ON Gas Pay          |                     | Tubing Depth                                 |        |
| 6348' GL   | , 011, 0101)                             | Tictured Cliffs   | 30801                   |                     | Tubingless Complet                           | ion    |
| Perforations   |  | 11000100 0.2222   |                         |                     | Depth Casing Shoe                            |        |
| 3080-941, 3  | 102-10'                                  |   |                         |                     | 3143'  |        |
|  |  | TUBING, CASING, AND   |                         |                     | 2.242.254547                                 |        |
| HOLE SIZE  | <b>E</b>                                 | CASING & TUBING SIZE  | DEPTI                   |                     | SACKS CEMENT                                 |        |
| 12 1/4"  |  | 8 5/8"  | 233 '<br>3143 '         |                     | 165 Sks.<br>240 Sks.                         |        |
| 6 3/4"   |  | 2 7/8"  | 3143                    |                     | 240 SRS.                                     |        |
|  |  |   | <del> </del>            |                     |  |        |
|  | POVERT F                                 | OOP ALLOWARIE (Test must be a   | fter recovery of total  | volume of load cil: | and must be equal to or exceed top           | allow  |
| V. TEST DATA AND RI                                    | FACESIF                                  | able for this de  | pth or be for full 24 h | ou:s)               |  |        |
| Date First New Oil Run                                 | To Tanks                                 | Date of Test  | Producing Method (      | Flow, pump, gas ii  | t, etc./                                     |        |
|  |  |   | Casing Pressure         |                     | Choke Size                                   |        |
| Length of Test   | _  | Tubing Pressure   | Cdsing Piessme          |                     |  |        |
| Actual Prod. During Tes                                | <del></del>                              | Oi Bbls.  | Water - Bbls.           |                     | Gas - MCF                                    |        |
|  |  |   | <u> </u>                |                     |  |        |
| GAS WELL   |  |   |                         |                     | 1 - 1 - 1 - 1                                |        |
| Actual Prod. Test-MCF                                  | /D                                       | Length of Test  | Bbls. Condensate/       | MMCF                | Gravity of Condensate                        |        |
| 2052 Testing Method (pitot, b                          | ack pr.)                                 | 3 Hrs. Tubing Pressure (shut-in)  | Casing Pressure (       | hut-in)             | Choke Size                                   |        |
| Calculated   | A.O.F.                                   |   | 790                     |                     | 3/4"   |        |
| VI. CERTIFICATE OF                                     | COMPLIAN                                 | NCE   | 0                       | L CONSERVA          | TION COMMISSION                              | 69     |
|  |  |   | APPROVED                |                     | JUL, 1 4 19                                  |        |
|  |  | regulations of the Oil Conservation with and that the information given | APPROVED_               | Ciana J L           | Emery C Arnold                               |        |
|  |  | ne best of my knowledge and belief.                                     | BY Origina              | <u>sianea ry</u>    | Effery C. Arnold                             |        |
|  |  |   | TITLE                   |                     | SUPERVISOR DIST. #3                          |        |
|  |  | Origi <b>nal Signe</b> d B <b>y:</b>                                    |                         |                     | compliance with RULE 1104.                   |        |
|  |  |   | This form               | ra to be inted tu   | Combitation arm Long 11041                   |        |

L. O. Van Ryan

(Signature)

(Title)

(Date)

Petroleum Engineer

July 9, 1969

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections 1, 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.

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.