- NO. OF CCPIES RECEIVED		5		
DISTRIBUTION				
SANTA FE				
FILE		1		_
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	1		
	GAS	1		
OPERATOR		1		
PRORATION OFFICE				

	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110		
	FILE / C	AND Effective 1-1-65				
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATUR	RAL GAS		
	LAND OFFICE					
	TRANSPORTER GAS					
	OPERATOR /					
	PRORATION OFFICE					
1.	Operator		······································			
	El Paso Natural Ga	s Company				
	Address					
	PO Box 990, Farmi	ngton, NM 87401	104 (0)			
	Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain	<i>n)</i>		
	Recompletion	Oil Dry Gar	, [
	Change in Ownership	Casinghead Gas Conden	7			
		Total Control				
	If change of ownership give name and address of previous owner					
	and dedicable of provided owner.		-			
П.	DESCRIPTION OF WELL AND I	LEASE Well No. Pool Name, Including Fo	nemation Kind o	Lease No.		
	Lease Name		Store	(Federal)or Fee SF 078200-B		
	Riddle B	8 Blanco Pictured	i Cliffs Ext.	070200 1		
	<u> </u>	800 Feet From The South Lin	e and 990 Feet	From The East		
				_		
	Line of Section 23 Tow	vnship 30N Range	10W , _{NMPM} ,	San Juan County		
			_			
Ш.	DESIGNATION OF TRANSPORT	or Condensate	S Address (Give address to which	h approved copy of this form is to be sent)		
	El Paso Natural Ga					
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas X	PO Box 990, Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent)			
	El Paso Natural Ga		PO Box 990, Far	mington, NM 87401		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When			
	give location of tanks.	I 23 30N 10W				
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number	er:		
IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back				pen Plug Back Same Restv. Diff. Restv.		
	Designate Type of Completion		1 1			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	4-13-72	6-29-72 Name of Producing Formation	2928' Top '3x'/'Gas Pay	2917'		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	1	Tubing Depth		
	6209'GL	Pictured Cliffs	2824'	tubingless Depth Casing Shoe		
	Perforations 2824-2836' and 2858-2870'			2928'		
	2024-2000 and 200		CEMENTING RECORD	2720		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12 1/4"	8 5/8"	138'	159 cu. ft.		
	6 3/4"	2 7/8"	2928'	412 cu. ft.		
		tubingless				
			1			
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volum e o f l epth or be for full 24 hours)	oad oil and must be equal to or exceed top allow-		
OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				, gas lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
			Water-Bbls.	ф. мы <u>шь 3 1972</u>		
	Actual Prod. During Test	Oil-Bbls.	Hatel - Bale.	TOU CON COM		
	GAS WELL		DIST. 3			
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	3389	3 hours				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-ia)	1		
	Calc. AOF	tubingless	984	3/4"		
VI. CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION			
			APPROVED			
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED				
	above is true and complete to the best of my knowledge and belief. (Signature)		By Original Signed by Emery C. Arnold			
			TITLE SUPERVISOR DIST. #3			
			This form is to be filed in compliance with RULE 1104.			
			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.			
			If fabra rawais are over a maps of			

Petroleum Engineer (Title) July 3, 1972 (Date)

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.