NO. OF FOR ES AFCE	19 £ 0 1	5		
មន្ត្រីការផល ៥	(†·)			
SANTAFE				
FILE			س	
13.5.G.S.				
LAND OFFICE	ļ	<u> </u>		
TRANSPORTER	OIL	1		
	GAS	1		
OPERATOR	1	 		
PRORATION OF		<u> </u>		
Operator			_ ~	
El Paso Natural G				
Aggress				
PO Box 990, Farm				

<u></u>	NO. OF FOR FE RECEIVED 15		ERVATION COMMISSION	Form C-104		
	ANTA PE	REQUEST FOR	RALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
-	ILE		ND PORT OIL AND NATURAL GA	S		
١.	LAND OFFICE	Authorization				
	TRANSPORTER GAS /					
	OPERATOR /					
1 . I	PHORATION OFFICE	Company				
-	El Paso Natural Gas Company					
	PO Box 990, Farmin	gton, NM 8/401	Other (Please explain)			
	Reason(s) for filing (Check proper and)	Change in Transporter of:				
1	Recompletion	Casinghead Gas Condensat	te 🗍			
L	Change in Ownership					
1	f change of ownership give name and address of provious owner					
11.	DESCRIPTION OF WELL AND LI	Well No. Pool Name, Including Form	Kind of Lease	Lease No. SF 078207		
King King Z Blanco Pictured Cliffs Ext. State, (Federal) r Fee SF U/820						
	1 contino	5 Feet From The South Line of	and 840 Feet From T	he <u>East</u>		
	Unit Cetter		10W , NMPM,	San Juan County		
	Line of Section 22	ship 30N Range				
m.	DESIGNATION OF TRANSPORT	or Condensate X	Address (Give address to which approv	ed copy of this form is to be sent)		
	Reme of Authorized Transporter of On FI Paso Natural Ga	s Company	PO Box 990, Farming	ed copy of this form is to be sent)		
	Name of Authorized Transporter of Cast El Paso Natural Ga	nghead Gas cr Dry Gas X	PO Box 990, Farm	ington, ivivi		
	·	Unit Sec. Twp. Page. Is gas actually common to the second				
	If this production is commingled with that from any other lease or pool, give commingling order number: If this production is commingled with that from any other lease or pool, give commingling order number: Plug Back Same Res'v. Diff. Res'v. Diff. Res'v. Diff. Res'v. Diff. Res'v. Diff. Res'v. Diff. Res'v. Diff. Res'v. Diff. Res'v. Diff. Res'v. Diff. Res'v.					
IV.	If this production is commingled with COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
10.	Designate Type of Completio	x = (X)	X	P.B.T.D.		
	Date Spudded 11-11-72	Date Compl. Ready to Prod. 1-2-73	Total Depth 3073'	3063'		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top OXI/Gas Pay 2940'	Tubing Depth tubingless		
	6337'GL	Pictured Cliffs		Depth Casing Shoe		
	Perforations 2940-60	TURING CASING AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET 139'	sacks cement 107 cu. ft.		
	12 1/4''	8 5/8" 2 7/8"	3073'	450 cu. ft.		
	6 3/4"	tubingless				
	•	On ALLOWARDIE (Test must be a	fter recovery of total volume of load oi	l and must be equal to or exceed top allow-		
V. TEST DATA AND REQUEST 1 of this depth of ce for fair 24 hours. Out well a producing Method (Flow, pump, gas lift, etc.)						
	Date First New Oil Run To Tanks	Date of Test	Casing Pressure	Choke Size		
	Length of Test	Tubing Pressure		GG-MSJAN 1 1 1973		
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	CON COM		
				DIST. 3		
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D 2226	Length of Test 3 hours	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Ehut-in) tubingless	061	3/4"		
	Calc. AOF		OIL CONSERV	VATION COMMISSION		
VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation is hereby continuous and complied with and that the information given				JAN 1 1 1973 , 19		
	I hereby certify that the rules and Commission have been complied	i regulations of the Off Conservation given with and that the information given he best of my knowledge and belief.	Original Signed b	Original Signed by Emery C. Arnold		
Commission have been complied with and that the information given growing is true and complete to the best of my knowledge and belief.			SUPER-	SUPERVISOR DIST. #3		
	1/1/1/	1	This form is to be filed	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviation well, this form must be accordance with RULE 111. tests taken on the well in accordance with RULE 111.		
	+16 W00	V	well, this form must be account			
Petroleum Engineer			All sections of this form must be little out			
		(***** /	Fill out only Sections	I. II. and VI for changes of owner porter, or other such change of condition		
	January 10, 197	(Date)	well name or number, or trans	·		

(Date)