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DISTRIBUTION			l	
SANTA FE		.*		
FILE				
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL			
HANSPORTER	GAS			
OPERATOR				
PRORATION OFFICE				
Operator				

Į	DISTRIBUTION	NEW MEXICO OIL CO	DISERVATION COMMISSION	Form C-104		
	SANTA FE	REQUEST F	Supersedes Old C-104 and C-110 Effective 1-1-65			
	FILE	AND				
	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL	GAS		
ł	OIL					
	TRANSPORTER GAS					
	OPERATOR ·					
1.	PRORATION OFFICE					
	Operator 1 C - C					
	El Paso Natural Gas Company					
	PO Box 990, Farmington, NM 87401					
	Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of:				
	Recompletion	Oil Dry Gas				
	Change in Ownership	Casinghead Gas Condens	sate .			
	Make an of amounting size come					
	If change of ownership give name and address of previous owner					
	AND AND AND AND AND AND A	FACE		•		
H.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	rmation Kind of Leas	Lease No.		
	Pierce A	2 Blanco Pictured	Cliffs Ext. State, Feder	gi of Fee SF 078125-B		
	Location					
	Unit Letter M : 990	Feet From The South Line	• and Feet From	The West		
		2011	1071/	Car Ivana		
	Line of Section 13 Tow	mship 30N Range	10W, NMPM,	San Juan County		
	THE STATE OF THE ANCHORUS	PER OF OU AND NATURAL GA	c			
III.	Name of Authorized Transporter of Cil	or Condensate X	Address (Give address to which appr-	oved copy of this form is to be sen!)		
	El Paso Natural Gas C		PO Box 990. Farm	nington, NM 874()1		
	Name of Authorized Transporter of Cas	Singhead Gas Or Dry Gas X	Address (Give address to which appr	oved copy of this form is to be sent)		
	El PasoNatural Gas Co		PO Box 990, Farm	nington, NM 87401		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	hen		
	give location of tanks.	M 13 30N 10W				
	If this production is commingled with	th 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 Resty, Diff. Resty.		
	Designate Type of Completic		X			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	12-13-72	7-23- 73	3112'	3101'		
	Elevations (DF, RKB, RT, GR, etc.,	itamo or i todacom,	Top Wil/Gas Pay	Tubing Depth		
	6343'GL	Pictured Cliffs	2982'	tubingless Depth Casing Shoe		
	Perforations 2984-92', 3004-20', 3030-38'			3112'		
	2701 72 , 0001 20 , 0		CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12 1/4"	8 5/8''	140'	118 cu.ft.		
	6 3/4"	2 7/8"	3112'	438 cu. ft.		
		tubingless				
			<u> </u>			
V.	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load of opth or be for full 24 hours)	il 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.)		
	Date First New Cit Hair 10 1 dies					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
				Gas-MCF		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MOF		
				OIL CON		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Graving of Condensate		
	1617	3 hours				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Calc. AOF	tubingless	745	3/4"		
VI	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION COMMISSION			
			ABBROVED JUL 303	APPROVED JUL 3 0 1973 , 19		
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.						
		By Original Signed by Emery C. Arnold				
	Drilling Clerk		TITLE SUPERVISOS DIST #3			
			This form is to be filed in compliance with RULE 1104.			
			and the second 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. All sections of this form must be filled out completely for allow-			
		itle)	able on new and recompleted	Weils.		
	July 27, 1973		Elli out only Sections I	II, III, and VI for changes of owner, orter, or other such change of condition-		

(Date)

Fit1 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.