NO. OF COPIES RECEIVED			5
DISTRIBUTION		L	
SANTA FE		14	
FILE		Γ'	
U.S.G.S.		<u> </u>	<u> </u>
LAND OFFICE			
TRANSPORTER	OIL	1_	
	GAS		
OPERATOR		/	
PRORATION OFFICE		1	

5						
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104				1	
SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1 Effective 1-1-65				104 and C-110	
FILE		AND				
U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND N	ATURAL GAS			
LAND OFFICE						
TRANSPORTER OIL /						
GAS /						
OPERATOR /						
PRORATION OFFICE						
El Paso Natural G	as Company					
PO Box 990, Farm	ington, NM 87401	Other (Please	erolain)			
Reason(s) for filing (Check proper box)	Change in Transporter of:	Omer (1 lease	Capiani			
New Well	Oil Dry Gas					
Recompletion	Casinghead Gas Condens	sate				
Change in Ownership						
If change of ownership give name and address of previous owner						
. DESCRIPTION OF WELL AND	Well No Pool Name, Including Fo	ormation	Kind of Lease		Lease No.	
Lease Name	11 Aztec Pictured C		State (Federal or	Fee NM	03566	
Stewart		1500		Eas t		
Unit Letter O : 100	O Feet From The South Line	e and	Feet From The	San Juan		
Line of Section 20 Tox	waship 30N Range	10W , NMPM	<u> </u>	July 3 to the second	County	
I. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address	to which approved	l copy of this form is to	be sen')	
Name of Authorized Transporter of Off	C. 0	DO Box 000	Farmington	. NM 87401		
El Paso Natural (Gas Company singhead Gas () or Dry Gas (X)	Address (Give address	to which approved	copy of this form is to	be sent)	
Name of Authorized Transporter of Ca	singhead Gas [or b., out [a]	PO Box 990,	Farmington	, NM 87401		
El Paso Natural (Unit Sec. Twp. Ege.	Is gas actually connected? When				
If well produces oil or liquids, give location of tanks.	well produces oil or liquids, O 20 30N 10W					
If this production is commingled wi	th that from any other lease or pool,		r number:	Plug Back Same Res'	v. Diff. Restv	
V. COMPLETION DATA	on - (X) Gas Well X	New Well Workover	Deepen	Plug Back Same Nes		
Designate Type of Completi	Date Compl. Ready to Prod.	Total Depth 2910'		P.B.T.D. 2899'		
1-61-73	6-28-73	Top OXI/Gas Pay		Tubing Depth		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation Pictured Cliffs	2764'		tubingless		
6484'GL	Pictured Chirs			Depth Casing Shoe		
Perforations 2764-84' and 279	94-2814'			2910'		
2/04-84 and 27	TUBING, CASING, AN	D CEMENTING RECO	RD			
	CASING & TUBING SIZE	DEPTHS	ET	SACKS CEM	ENT	
HOLE SIZE	8 5/8"	134'		129 cu. ft.		
12 1/4" 6 3/4"	2 7/8"	2910'		450 cu.ft.		
6 3/4	tubingless					
		after recovery of total vo		nd must be sound to or s	xceed top allo	
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this d	ionth of he for full 44 nou	40)			
OIL WELL.	Date of Test	Producing Method (Fig.	ow, pump, gas lift	, etc.)		
Date First New Oil Run To Tanks					-	
	Tubing Pressure	Casing Pressure		Choke Sign		
Length of Test				Gar-MCF		
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		17	:	
Actual 1 1321 2 2 2 2 2				1 JUL 36	1970	
				1111 Char		
GAS WELL		Bbls. Condensate/MM	1CF	Gravity of Condensate	r -	
Actual Prod. Test-MCF/D	Length of Test			1 1000		
544	3 hrs. Tubing Pressure (Shut-in)	Casing Pressure (Sh	ut-in)	Choke Size	•	
Testing Method (pitot, back pr.)	.	516		3/4"		
Calc. AOF	tubingless	OIL	CONSERVA	TION COMMISSIO	N	
VI. CERTIFICATE OF COMPLIA	NCE	11				
		n APPROVED				
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.		n Origina	1 Signed by	A. R. Kendric	<u> </u>	
		f. BYPRTB	OLEUM ENGIN	WEER DIST. NO.	3	
		TITLE				
		11				

July 18, 1973

Ä.	Ġ.	Bucen		
(Signature)				
D	rilling	Clerk		
		(Title)		

(Date)

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.

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.