HO. OF COPIES RECEIVED		5	
DISTRIBUTION			
SANTA FE		/	
FiLE		/	-
U.S.G.S.			
TRANSPORTER	OIL	/	
	GAS		
OPERATOR			
PRORATION OFFICE			

- 1	HO. OF COPIES RECEIVED 5			1	
t	DISTRIBUTION	NEW MEXICO OU CO	DISERVATION COMMISSION	Form C-104	
ŀ	SANTA FE /		FOR ALLOWABLE	Supersedes Old C-104 and C-110	
ŀ	FiLE /	NE GOLST I	AND '	Effective 1-1-65	
ŀ		AUTHODITATION TO TOA			
ŀ	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GAS	1	
	LAND OFFICE				
	TRANSPORTER OIL /			·	
1	GAS /	•			
ı	OPERATOR				
1.	PRORATION OFFICE /				
	Operator				
Ī	El Paso Natural Gas Co	mpany		ļ	
1	Address				
- 1	PO Box 990, Farmington	n, NM 87401		1	
			Other (Please explain)		
	Reason(s) for filing (Check proper box)		Gind: (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
	New Well	Change in Transporter of:		İ	
	Recompletion	Oil Dry Gas	' 		
1	Change in Ownership	Casinghead Gas Conden	sate		
ı					
	If change of ownership give name				
	and address of previous owner				
П.	DESCRIPTION OF WELL AND I	LEASE	rmation Kind of Lease	Lease No.	
	Lease Name	Well No. Pool Name, Including Fo			
	Bruington	5 Aztec Pictured	CILIIS State, Federal Ch	(166)	
	Location				
	C . 850	Feet From The North Line	and 1806 Feet From The	West	
	Unit Letter;	Feet From the			
	.	mship 30N Range	11W , NMPM,	San Tuan County	
	Line of Section 5 Tow	mship <u>3UIN</u> Range	11 17	Dail Jacks	
			_		
Ш.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which approved	come of this form is to be sent!	
	Name of Authorized Transporter of Oil	or Condensate	į	i	
	El Paso Natural Gas Co	mpany	PO Box 990. F Address (Give address to which approved	armington. NM 87401	
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X			
	El Paso Natural Gas Co		PO Box 990, F	armington, NM 87401	
		Unit Sec. Twp. Age.	Is gas actually connected? When		
	If well produces oil or liquids,				
	give location of tanks.	C 5 30N 11W			
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:		
	COMPLETION DATA			2 1 10 2 1 10/4 Posts	
- • •			,	lug Back Same Restv. Diff. Restv.	
	Designate Type of Completion	on = (X)	X		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth F	P.B.T.D.	
	6-14-73	7-25-73	2364'	2353'	
		Name of Producing Formation		Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)		1	tubinal saa	
	5774'GL	Pictured Cliffs	2230'	tubingless Depth Casing Shoe	
	Perforations		15	•	
	2230-54'			2364'	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		8 5/8"	128'	106 cu. ft.	
	12 1/4"	2 7/8"	2364'	552 cu.ft.	
	6 3/4"		2001	<u> </u>	
		nıbingless	 		
			<u> </u>		
107	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil and	i must be equal to or exceed top allow-	
▼.	OIL WELL	able for this de	pth or be for full 24 hours)	FIL	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	esc.) Cost FIVEN	
				/KILLIVED\	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Length of 1991	• • • • • • • • • • • • • • • • • • • •	1	AUC 9 1072	
		Oil-Bbis.	Water-Bbls.	Gas MCF100 2 1373	
	Actual Prod. During Test	OII-BEIG		OIL CON COM	
			1		
				DIST. 3	
	GAS WELL			Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Clayity of Condensatio	
	3744	3 hrs.			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	1	tubingless	451	3/4"	
	Calc. AOF		OIL CONSERVAT	ION COMMISSION	
VI.	CERTIFICATE OF COMPLIANCE		11		
			AUG	2 1973	
	T handy contify that the rules and	regulations of the Oil Conservation	APPROVED Signed by	y Emery C. Arndid	
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.		11	·		
		BY	SOR TATOTE #0		
			SUPERVISOR 2222 "		
			TITLE		
	0 1. 0.		This form is to be filed in co	mpliance with RULE 1104.	
	A. D. Busco (Signature)		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.		
	(Signature)		il same taken on the well in accord	BUCK MITH MARE	
	Drilling Clerk		All sections of this form must	be filled out completely for allow	
	(T)	isle)	able on new and recompleted well	III, and VI for changes of owner	
	August 2, 1973		Fill out only Sections I, II.	III. BUG AT TOL CURUEAR OF AMILE.	

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.