DISTRIBUTION ANTA FE JUSSIGNS LAND OFFICE TRANSPORTER OIL OPERATOR PROPATION OFFICE		CONSERVATION COME T FOR ALLOWABLE AND RANSPORT OIL AND	·	Form C-104 Supersedes Old C-104 and Co. Effective 1-1-65
El Paso Natural Gas	s Company			**************************************
Address P. O. Box 990, Fan				
Reason(s) for filing (Check proper New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry (Other (Pleas	e explain)	
If change of ownership give nam		ensule []		
and address of previous owner_				
II. DESCRIPTION OF WELL AN	D LEASE Well No. Pool Name, Including	Formation	Kind of Lease	Legse No.
Howell D	2A Blanco MV		State,(Federal)or Fee	SF078387
	1500 Feet From The N L	ine and1660	Feet From The	V
Line of Section 20	Township 31N Range	8W , NMPM	C I	Country
			,	County
Name of Authorized Transporter of		Address (Give address	o which approved copy of	of this form is to be sent)
El Paso Natural Ga		•	, Farmington, I	NM 87401 of this form is to be sent)
El Paso Natural Ga		:	, Farmington,	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 29 31N 8W	Is gas actually connect	ed? When	
	with that from any other lease or pool	, give commingling order	number:	
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug Ba	ck Same Resty. Diff. Resty
Designate Type of Comple		X		! ! ! ! !
Date Spudded (16-03-75	Date Compl. Ready to Prod. 08-28-75	Total Depth 6048	P.B.T.E 6032	
Elevations (DF, RKB, RT, GR, etc.	, Name of Producing Formation	Top X/Gas Pay	Tubing	Depth
6524' GL Perforations 5261', 5284',	MV 5332', 5347', 5358', 537	5261 6'. 5398'. 5418'	5997 5448', Depth C	asing Shoe
5478', 5510', 5520 5746', 5773', 5845	', 5639', 5652', 5676', 5	698', 5710', 572 956', 5969', 599	31, 6048	•
HOLE SIZE	· · · · · · · · · · · · · · · · · · ·	D CEMENTING RECOR		
13 3/4"	9 5/8"	200' GL		SACKS CEMENT CU. It.
8 3/4"	7''	3707 '	333	cu. ft.
6 1/4"	4 1/2" Liner	3553-6048'		cu. ft.
W mpom pama and province	2 3/8" EOD ALLOWADE E	5997'	Tubi	
V. TEST DATA AND REQUEST OIL WELL	FUR ALLUWABLE (Test must be a ble for this d	after recovery of total voluments or be for full 24 hours	ne of load oil and must b	e equal to or exceed top allow
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Cycles	10 m
Actual Prod. During Test	Oli-Bbls.	Water - Bble.	Gds-MC	[R 3]
				2. Chel
GAS WELL		Tour and		
Actual Prod. Test-MCF/D 7307	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity	of Condensate
Testing Method (pitot, back pr.) Calc. A.O.F.	Tubing Pressure (Shut-in) 659	Casing Pressure (Shut-	in) Choke \$1 3/4"	Variable
I. CERTIFICATE OF COMPLIA			01040000	

APPROVED_

TITLE .

By Original Signed by

I hereby certify that the rules and regulations of the Oil Connectivation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)

(Title)

Drilling Clerk

September 16, 1975

SEP 1, 9, 1975

Kendrick 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.

All sections of this form must be filled out completely for sllow-able 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. Conserve Forms C-104 must be filled for each next in multiply