	DISTRIBUTION ANYAFE // ILE	REQUEST	CONSERVATION COMM FOR ALLOWABLE AND	Supersed Effective	Form C-104 Supersedes Old C-104 and C-1 Elfective 1-1-65		
	I.S.G.S. LAND OFFICE IRANSPORTER OIL	AUTHORIZATION TO TR	ANSPORT OIL AND	NATURAL	GAS	·	
1.	PROPATION OFFICE Operator						
	El Paso Natural Gas C	ompany				_	
	P. O. Box 990, Farmin	gton, NM 87401			JAN 1		
	Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry G	Other (Please	e explain)	WE THOSE		
	If change of ownership give name and address of previous owner						
II.	DESCRIPTION OF WELL AND LEASE						
	Pierce Well No. Pool Name, Including F		Cormation Kind of Leas State, Feder		Eegue 140.		
	Location Unit Letter J ; 17	00 Feet From The S Lt	ne and1480	Feet From	TheE		
	Line of Section 8 To	waship 30N Range	9W , NMPM	, San Jı	uan	County	
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cit or Condensate X						
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X		Address (Give address)	o which appro	ved copy of this form is to be sent)		
	El Paso Natural Gas Company If well produces oil or liquids, Unit Sec. Twp. Rge.		P. O. Box 990, Farmington, Is gas actually connected? When			7401 	
•	If this production is commingled with that from any other lease or pool, give commingling order number:						
	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Sam	e Res'v. Diff. Res'v	
	Designate Type of Completion	Date Compl. Ready to Prod.	X Total Depth	 			
	12-02-75	12-22-75	5561'		5543'		
	Elevations (DF, RKB, RT, GR, etc.) 6242 GL	Name of Producing Formation MV	TopXii/Gas Pay 4624		Tubing Depth 5500'		
	Perforations 4624', 4632', 4646', 4714', 4726', 4736', 47 4804', 4900', 4908', 4970', 5004', 5222', 5234', 526 5332', 5351', 5381', 5438', 5462', 5477', 5496', 550		52',4770',4782',4798', 8',5288',5305',5318',		Depth Casing Shoe 5561		
	TUBING, CASING, AN		D CEMENTING RECORD		SACKS CEMENT		
	13 3/4"			215'		CEMENT	
	8 3/4"	7"	3358'	· · · · · · · · · · · · · · · · · · ·	283 cu. ft		
	6 1/4"	4 1/2" Liner	3173-5561'		407 cu. ft		
		2 3/8"	5500'		Tbg		
	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)						
	Date First New Cil Run To Tanks Date of Test		Producing Method (Flow	, pump, gas lij	t, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	ressure		Chcke Size	
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	-Bbls.		Gae - MCF	
•	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Condensate/MMCF		Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	· •	sing Pressure (Shut-in)		Choke Size	
VI.	CERTIFICATE OF COMPLIANCE		SI 666 OIL CONSERVATION COMMISSION				
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED	•			
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		i i				
	Deggy Stadfield		If this is a requ	This form is to be filed in compliance with RULE 1104. If this is a request for sllowable for a newly drilled or deepened			
	Drilling Clerk	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					

(Title)

(Date)

January 12, 1976

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.

Secreta Forms C-104 must be filed for each pool in multiply