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DISTRIBUTION IANTA FE I	3	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND	
J.S.G.S.	AUTHORIZATION TO	TRANSPORT OIL AND NATURAL	. GAS
TRANSPORTER OIL /			SOFT IN
OPERATOR / PRORATION OFFICE			RILL
Operator El Paso Natural Gas	Company		APR 5 1976
P. O. Box 990, Farm	ington, NM 87401		DM CON CC
Reason(s) for filing (Check proper New We!! Recompletion Change in Ownership	Change in Transporter of:	Other (Please explain) ry Gas ondensate	
If change of ownership give nam and address of previous owner			
DESCRIPTION OF WELL AN	Well No. Pool Name, Includ		
Riddle	2 A Blanco MV	State, (Fode	eral br Fee SF081098
Unit Letter C;	Peet From The N	_Line andFeet From	n The
Line of Section 3	Township 30N Range	9W , _{NMPM} , San	Juan County
El Paso Natural Gas Nome di Authorized Transporter of El Paso Natural Gas If well produces oil or liquids, give location of tanks.	Casinghead Gas or Dry Gas X	P. O.Box 990, Farmin	roved copy of this form is to be sent)
L		ool, give commingling order number:	
Designate Type of Comple	tion - (X)	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty
Date Spudded 02-22-76	Date Compl. Ready to Prod. 03-25-76	Total Depth 5572 1	P.B.T.D. 5555'
Elevations (DF, RKB, RT, GR, etc. 6141' GL	MV	Top X:/Gas Pay 4699	Tubing Depth 5482'
Perforations 4699', 4711', 4928',5031',5048',5,5301',5313',5333',5	4721', 4761', 4785', 4794 106', 5169', 5183', 5214', 109', 5437', 5458', 5492',	, 4830, 4850, 4862, 4896, 5224, 5234, 5265, 5276,	, Depth Casing Shoe 5572'
HOLE SIZE	TUBING, CASING,	AND CEMENTING RECORD	SACKS CEMENT
13 3/4"	9 5/8''	223'	263 cu. ft.
8 3/4"	7''	3221'	356 cu. ft.
6 1/4''	4 1/2 Liner 2 3/8"	3085-5572' 5482'	427 cu. ft.
TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must	be after recovery of total volume of load c in depth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gas-MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		Casing Pressure (Shut-in)	- \
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	576	Choke Size

<u>023</u> (Signature)

(Title)

(Date)

Drilling Clerk

March 31, 1976

SUPERVISOR DIST #3 TITLE _ 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.

Secrete Forms C-104 must be filed for each cool in multiply