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u.s.c.s.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
Obetator			•

	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  TRANSPORTER  OPERATOR	REQUEST I	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-1.4 Effective 1-1-65			
1.	Uperation Office   Uperator    Uperator    EL PASO NATURAL GAS CO.						
	BOX 990, FARMINGTON, NEW MEXICO						
	Reason(s) for filing (Check proper box)  New Well X Change in Transporter of:						
	Recompletion Cil Dry Gas Condensate Casinghead Gas Condensate						
	If change of ownership give name and address of previous owner						
	II. DESCRIPTION OF WELL AND LEASE						
•••	Lease Name  KERNAGHAN	Well No.   Pool Name, Including Formation   Kind of Lease No.					
	Location						
	Unit Letter 0 : 980 Feet From The South Line and 1480 Feet From The East						
	Line of Section 29 Tow	mship 31-N Range	8W , NMPM, San J	uan County			
III.	DESIGNATION OF TRANSPORT	or Congensate (X)	S Accress (Give address to which approv	ed copy of this form is to be sent)			
	I FI PASO NATURAL.	FL PASO NATURAL GAS CO.  BOX 990, FARMINGTON, NEW MEXICO					
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X  EL PASO NATURAL GAS CO.		BOX 990, FARMINGTON, NEW MEXICO				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe				
	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   Same Resty. Diff. Resty.			
	Designate Type of Completio	n - (X) X	X Total Depth	P.B.T.D.			
	Date Spudded	5/8/78  Name of Producing Formation	5958 '	5941'			
	, , , , , , , , , , , , , , , , , , , ,		Top <b>■</b> /Gas Pay 5112'	Tubing Depth 5916			
	6401' GR Perforations 5112,5123,5132	MV ,5140,5214,5222,5230,5238	3,5268,5280,5290,5341,	Depth Casing Shoe			
	53/12 5357 5365 5392 5403	8,5357,5365,5398,5403,5490,5496,5502,5508,5514,5520,5526,5532,5538, 5958' 4,5566,5573,5593,5661,5686, XMXMYXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	15''	9 5/8''	236'	224 cf.			
	8 3/8''	7''	3530'	290 cf. 440 cf.			
	6 1/4''	4 1/2" liner	3401-5958' 5916	tubing			
v.	TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours)						
	OIL WELL Date First New Oil Bun To Tanks	Date of Test	Producing Method (Elempump, eas lift, etc.)				
			Casing Press 850	Choke Size			
	Length of Test	Tubing Pressure	1 32 3				
	Actual Prod. During Test	O11 - Bbis.	Water-Eble. JUN 2 1978	Gas-MCF			
			District				
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
ų·,	CERTIFICATE OF COMPLIANCE	443	584 OIL CONSERVA	TION COMMISSION			
CLAY & COMPANIED				4.443			
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.		Original Signed by FRANK T. CHAVEZ					
		TITLE DEFEND ON A LAND HOUSE WILL IN					
	A. G. Gilces (Signature)		14				
			This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
	Drilling Clerk		All sections of this form must be filled out completely for allow-				

All sections of this form most be transported 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 (Title) 5/26/78 (Date)