NO. OF COPIES RECEIVED	5		/
DISTRIBUTION SANTA FE	NEW MEXICO OIL C	ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-194 and C-1.
FILE	REGUEST	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	L GAS
LAND OFFICE	- AOTHORIZATION TO THE		
OIL /			
TRANSPORTER GAS /			
OPERATOR			
PRORATION OFFICE	7		
Operator			
El Paso Natural Gas	Company		
Address			
PO Box 990, Farming	gton, NM 87401		
Reason(s) for filing (Check proper to	ox)	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	OII Dry Go	as [
Change in Ownership	Casinghead Gas Conde	nsate	
If change of ownership give name and address of previous owner	;		
. DESCRIPTION OF WELL AN	D LEASE Well No. Pool Name, Including F	formation Kind of L	ease Lease No.
Lease Name		Of illustration	deral or(Fe)
Allison Unit	18 Basin Dakota	a	
Location	371	1050	East
Unit Letter B ; 8	325 Feet From The North Li	ne and1850 Feet Fi	om The Last
	0011 - "	7337	San Juan County
Line of Section 25	Township 32N Range	7W , NMPM,	San Juan
	THE STATE OF THE STATE OF THE STATE OF	A C	
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL G.	Address (Give address to which a	pproved copy of this form is to be sent)
El Paso Natural Gas	Company	PO Box 990,	Farmington, NM 87401
El Paso Natural Gas	Casinghead Gas or Dry Gas X	Address (Give address to which a	pproved copy of this form is to be sent)
El Paso Natural Gas		PO Box 990.	Farmington, NM 87401
	Unit Sec. Twp. Rge.	Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.	B 25 32N 7V	V	!
		wive commingling order number:	
If this production is commingled	with that from any other lease or pool	, give comminging order number.	
7. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deeper	Plug Back Same Resty, Diff. Res
Designate Type of Compl	etion = (X)	X	1
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	11-23-73	8093'	8077'
10-25-73 Elevations (DF, RKB, RT, GR, etc.		Top %1/Gas Pay	Tubing Depth
1	Dakota	7920'	8052'
6451'GL	7982', 7984', 8000', 8018'	1	Depth Casing Shoe
Perforations 7934', 7936',	0', 8010-18' and 8040-50'	and 5555 • 7725 55 ;	8093'
/900-84, /994-800	TIRING CASING A)	ND CEMENTING RECORD	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	9 5/8"	233'	225 cu. ft.
13 3/4"	711	3684'	285 cu, ft.
8 3/4"	4 1/2"	8093'	677 cu. ft.
6 1/4"	$\frac{\frac{4}{2}\frac{1}{3}/\frac{2}{8}}{3}$ "	8052'	tubing
		after recovery of total volume of loa	d oil and must be equal to or exceed top all
V. TEST DATA AND REQUEST	FUR ALLUWABLE (1 est must be able for this	depth or be for full 24 hours)	
OIL WELL Date First New Oil Run To Tanks		Producing Method (Flow, pump, a	eas lift, etc.)
	Tubing Pressure	Casing Pressure	PAPET IVEIV

OII. WELL. Date First New Oil Run To Tanks	Date of Test Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	RELEIVED
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	DEC 1 4 1973
			OIL CON. COM.
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Onavity od Schoomat
1451 Testing Method (pitot, back pr.)	3 hrs. Tubing Preseure (shut-in)	Casing Pressure (shut-in) 2695	Choke Size
Calc. AOF	2184		MOISSILVION COLOR

VI. CERTIFICATE OF COMPLIANCE

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.

A D. Below	
Drilling Clerk (Signature)	
(Title)	
December 13, 1973	
(Date)	

OIL CONSERVATION COMMISSION APPROVED_ Original Signed by Emery C. Arnold 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.

Fift 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.