	DISTRIBUTION S -NTA FE LF LS,G.S.	}	CONSERVATION COMM T FOR ALLOWABLE AND		Form C-104 Supersedes Old C-104 and C- Effective 1-1-65			
I.	LAND OFFICE TRANSPORTER GAS / OPERATOR / PRORATION OFFICE Operator	AUTHORIZATION TO TH	CANSFORT OIL AND I					
	El Paso Natural Gas Company							
	P. O. Box 990, Farmingt Reason(s) for filing (Chack proper box New Well X Recompletion Change in Ownership	Change in Transporter of: Oil Dry	Other (Please	explain)				
	If change of ownership give name and address of previous owner							
11.	DESCRIPTION OF WELL AND Lease Name Fields	LEASE Well No. Pool Name, including 7A Blanco Mesa		Kind of Lease State, <u>Federal</u> or	Fee NM 010989			
	Unit Letter E : 1620 Feet From The North Line and 1100 Feet From The West							
	Line of Contion 34 To	wnship 32-N Range	11-W , NMPM	, San Juan	County			
III.	DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL O	Address (Give address	to which approved	copy of this form is to be sent)			
	El Paso Natural Gas Company Name of Authorized Transporter of Casinghead Gas or Dry Gas X		Address (Give address	Box 990, Farmington, New Mexico 87401 Address (Give address to which approved copy of this form is to be sent)				
	El Paso Natural Gas Com If well produces oil or liquids, give location of tanks.	npany Unit Sec. Twp. Rge. E 34 32N 11-1	is gas actually connect		Mexico 87401			
	If this production is commingled with that from any other lease or pool, give commingling order number:							
	Designate Type of Completi	on $-(X)$ Oil Well Gas Well X	New Well Workover	i i	lug Back Same Res'v. Diff. Res			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P	P.B.T.D.			
	8-17-77 Elevations DF, RKB, RT, GR, etc.,	1-16-78 Name of Producing Formation	5513' Tor Gas Pay	т	5498' Obling Depth			
	6077' GR	Mesa Verde	4313'		5493'			
	Ferraction 4313-24 4406-22 4454-67,4545-63,4563-81,4581-99,4617-40,4656-73, Depth Casing Shoe 5081-96;5096-5111;5130-39;5150-67,5178-86,5196-5209;5259-64;5277-84; 5513' 5309-24,5336-45,5379-86,5449-56							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S	ET	SACKS CEMENT			
	13 3/4"	9 5/8"	237 '		224 cf			
	8 3/4"	7"	3173'		561 cf			
	6 ½"	4½" liner	3005-5513' 5393'		435 cf			
1,	TEST DATA AND PRODUCT F	2 3/8" OR ALLOWABLE (Test must be			must be equal to or exceed top all			
₩,	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to of reread top al able for this depth or be for full 24 hours) OIL WELL. Dute of Test Producing Method (Flow, pump, gas lift, etc.)							
	Date First New Oil Run To Tongs	Date of Test	Producing Method (F10)	mi hambi Eng relet c				
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size			
	Actual Pros. During Test	Cii-Bbls.	Water-Bble.	C	Gao - MCF			
	GAS WELL	Length of Test	Bbir. Condensate/MMC	F C	Gravity of Congensate			
	Actual Pros. Test-MOF/D	3 hours	Comments of the control of the contr		•			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	-in)	Choke Size			
	Calc A.O.F.	718			3/4"			
			44					

VI. CERTIFICATE OF COMPLIANCE

1-19-78

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.

j. 9.	Busao	
	(Signature)	
Drilling Clerk		
	(Title)	

(Date

OIL CONSERVATION COMMISSION

OLE COMPETANTION COMMISSION							
		F.T.		, 19			
APPROVE	·			, 13			
Ori	ginal	Signed	by A. R.	Kendrick			
EY	SVPMAYISON DING. FO						
	S.	TERATE:		9-9)			
7171 5							

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 testa 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 rame or number, or transporter, or other such change of condition