REQUES		CONSERVATION COMMISSION T FOR ALLOWABLE AND	Form C+104 Supersedes Old C-104 and C-110 Effective 1-1-65
U.S.G.S. LAND OFFINE TRANSPORTER OIL GAS OFTRATOR PRORATION OFFICE	AUTHORIZATION TO TI	RANSPORT OIL AND NATUR.	AL GAS
EL PASO NATUR	AL GAS CO.		
BOX 289, FARM	INGTON, NEW MEXICO	***	
Reason(s) for tiling (Check proper	box)	Other (Please explain)	
New Well LX Recompletion Change in Ownership	Change in Transporter of: OII Dry (Casinghead Gas Cond	Gas	
If change of ownership give name and address of previous owner _	е		
DESCRIPTION OF WELL AN	Well No. Pool Name, Including	F	
HUBBARD	1A BLANCO ME	1,	deray or Fee NM 010910
Unit Letter JB;	850 Feet From The N L	ine andFeet Fi	
Line of Section 30	Township 32N Range	11W NMPM, San	Juan County
DESIGNATION OF TRANSPO	OIL OF OIL AND NATURAL G	AS	oproved copy of this form is to be sent)
EL PASO NATURA Name of Authorized Transporter of	L GAS CO. Casinghead Gas or Dry Gas	BOX 289 FARMINGTO	
EL PASO NATURA	· —	BOX 289, FARMINGTO	1
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Fige.	is gas actually connected? When	
If this production is commingled COMPLETION DATA	with that from any other lease or pool,	, give commingling order number:	
Designate Type of Comple	tion - (X) OII Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8/11/78 Elevations (DF, RKB, RT, GR, etc.	12/26/78 Name of Producing Formation	5963' Top Gas Pay	Tubing Depth
6829 GL	MV 2 4060 4046 4052 4052 406	4753'	58361 Depth Casing Shoe
5082,5211,5246,5293.53	0,4860,4946,4952,4958,496 370,5428,5437,w/1SPZ.5492	5497 5502 5507 5522 5	5963'
5543,5557,5564,5568,55	188,5609 TUBING, CASING, AN	D CEMENTING RECORD 5618	5642,5657,5677,5711,5731,575
13 3/4"	9 5/8"	2381	SACKS CEMENT 224 CF
3 3/4''	7''	3522'	513 cf.
	4 1/2" liner	3350-5963	453 cf
	2 3/8"	5836'	tubing
DIL WELL	FOR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load (epth or be for full 24 hours)	oil and must be equal to or exceed top allow-
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 Pred. During Test	Oil-Bhis.	Water - Bbls.	Gds - MCF
GAS WELL			.019
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Choke StroOl DIST.
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Secoll CON. 3
	252	856	
CERTIFICATE OF COMPLIAN	(CE	OIL CONSERY	ATION COMMISSION
hereby certify that the rules and regulations of the Oil Conservation ommission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief,		Original Signed by A. R. Kendrick	
Date to the wife complete to the	- coer or my knowledge sild belief.	SUPSIVIS	22. 2.3.
ρ μ ρ		TITLE	compliance with number 1104
N. J. Bu	aco		compliance with RULE 1104.
	nature)	well, this form must be accompanied tests taken on the well in acc	anied by a tabulation of the deviation
Drilling Clerk		All sections of this form n	nust be filled out completely for allow-
(Yale)		able 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

1/8/79

(Date)