The second secon	1		
NO. OF COPIES RECEIVED			
DISTRIBUTION	TRIBUTION :W MEXICO OIL CON		Form C-104 Supersedes Old C-104 and C-110
SANTA FE	REQUEST F	FOR ALLOWABLE	V EEDctive 1-1-65
FILE	1	AND	
U.S.G.S.	AUTHORIZATION TO TRAI	ASPORT OIL AND NATURAL G	
LAND OFFICE			1076
TRANSPORTER OIL		97 W	
GAS		.ee	
OPERATOR		المراجعة ال	
PRORATION OFFICE		ARTESIA, I	JF (C.)
Operator		•	Ì
El Paso Natural	Gas Company		
Address		70703	
1800 Wilco Build		79701 Other (Please explain)	
Reason(s) for filing (Check proper box		Change in well	name & number
New Well	Change in Transporter of: Oil Dry Gas		1 Oil Co State No. 2)
Recompletion	H		2 012 00
Change in Ownership X	Casinghead Gas Conden:		
If change of ownership give name and address of previous owner	Shell Oil Company P.O.	Box 1509 Midland, Te	xas 79701
DESCRIPTION OF WELL AND	LFASF		
Lease Name	Lease No. Well No. Fool Nan	ne, Including Formation	Kind of Lease
Shell State	NM 519-H 14	· · · · · · · · · · · · · · · · · · ·	State, Federal or Fee State
Location			
Unit Letter H; 1	650 Feet From The North Line	e and 990 Feet From	The East
Line of Section 3 To	wnship 20 Range 3	7 , NMPM,	Lea County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which appro-	ved copy of this form is to be sent)
Name of Authorized Transporter of Ci.	· Si Condonistic		
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas X	Address (Give address to which appro-	ved copy of this form is to be sent)
1			l, New Mexico
El Paso Natural Gas C		Is gas actually connected? Wh	
If well produces oil or liquids,	Unit Sec. Twp. Hge.	No	
give location of tanks.	<u> </u>		
If this production is commingled w.	ith that from any other lease or pool,	give comminging order number.	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
Designate Type of Completi	Ion = (X)		; X :
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.E.T.D.
5-20-59	7-14-71	3961	3744
Elevations (DF, RKB, RT, GR, etc.)	Name of Froducing Formation	Top Oil/Gas Pay	Tubing Depth
3575 GR, 3585 DF	Eumont Queen	358 3	3739
			Depth Casing Shoe
1 shot/ft. 3583', 86'	, 90', 96', 3603', 08', 1	2', 86' <u>, 88', 90', 92',</u>	3705', 10' (13 holes)
2 213 (7 2 3 3 3 3	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	96	100 sx
7 7/8	5 1/2	3913	200 sx
	2" tbg	3739	
		1	1
V. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	after recovery of total volume of load oil	and must be equal to or exceed top allow
OIL WELL	able for this d	epth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	iji, etc./
			Choke Size
Length of Test	The state of the s	Casing Pressure	CHURC DILLE
t	Tubing Pressure	i e	
1		Water Dhia	Gas-MCF
Actual Prod. During Test	Oil - Bhis.	Water - Bbis.	Gas - MCF
Actual Prod. During Test		Water - Bbls.	Gas-MCF
		Water - Bbls.	Gas-MCF
GAS WELL	Oil - Bhis.	Water - Bbis. Bbis, Condensate/MMCF	Gas-MCF Gravity of Condensate
GAS WELL Actual Prod. Test-MCF/D	Oil - Bhis.	Bbls. Condensate/MMCF	
GAS WELL Actual Prod. Test-MCF/D 160 AOF	Length of Test 4 hr	Bbls. Condensate/MMCF TSTM	
GAS WELL Actual Prod. Test+MCF/D 160 AOF Testing Method (pitot, back pr.)	Coll-Bbis. Length of Test 4 hr Tubing Pressure	Bbls. Condensate/MMCF TSTM Caping Pressure	Gravity of Condensate
GAS WELL Actual Prod. Test-MCF/D 160 AOF Testing Method (pitot, back pr.) Back Pr. (Prover)	Length of Test 4 hr Tubing Pressure 90	Bbls. Condensate/MMCF TSTM Caping Pressure 205	Gravity of Condensate Choke Size 14/64"
GAS WELL Actual Prod. Test+MCF/D 160 AOF Testing Method (pitot, back pr.)	Length of Test 4 hr Tubing Pressure 90	Bbls. Condensate/MMCF TSTM Caping Pressure 205 OIL CONSERV	Choke Size 14/64" ATION COMMISSION
GAS WELL Actual Prod. Test-MCF/D 160 AOF Testing Method (pitot, back pr.) Back Pr. (Prover) 71. CERTIFICATE OF COMPLIA	Length of Test 4 hr Tubing Pressure 90	Bbls. Condensate/MMCF TSTM Caping Pressure 205 OIL CONSERV	Choke Size 14/64" ATION COMMISSION
GAS WELL Actual Prod. Test-MCF/D 160 AOF Testing Method (pitot, back pr.) Back Pr. (Prover) 71. CERTIFICATE OF COMPLIA	Length of Test 4 hr Tubing Pressure 90 NCE	Bbls. Condensate/MMCF TSTM Caping Pressure 205 OIL CONSERV APPROVED APPROVED	Gravity of Condensate Choke Size 14/64" ATION COMMISSION
GAS WELL Actual Prod. Test-MCF/D 160 AOF Testing Method (pitot, back pr.) Back Pr. (Prover) VI. CERTIFICATE OF COMPLIA I hereby certify that the rules an	Length of Test 4 hr Tubing Pressure 90	Bbls. Condensate/MMCF TSTM Caping Pressure 205 OIL CONSERV APPROVED SED 2	Choke Size 14/64" ATION COMMISSION

(Signature)

(Title)

(Date)

Supervisor - Production Services

June 26, 1972

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.

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