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SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				
PROPATION OF				

Administrator of Production Services

January 18, 1979

(Title)

(Date)

	SANTA FE	1	FOR ALLOWABLE	Supersedes Old C-104 and C-116			
	FILE		AND	Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS			
	LAND OFFICE						
	LDANGBORTED OIL	7.					
	TRANSPORTER GAS						
	OPERATOR	1					
1.	PRORATION OFFICE	1					
•.	Operator						
	El Paso Natural Gas	Company					
	Address						
	1800 Wilco Bldg. Midland, TX 79701						
	Reason(s) for filing (Check proper box) Other (Please explain)						
	New Well X Change in Transporter of: Well Name Change						
	Recompletion Oil Dry Gas I from Shell "F" State Com #1						
	Change in Ownership	Casinghead Gas Conden	[]]				
	If change of ownership give name						
	and address of previous owner						
11	DESCRIPTION OF WELL AND	V ID ACID					
٠١.	DESCRIPTION OF WELL AND	Lease No. Well No. Pool Name	me, Including Formation	Kind of Lease			
	Shell "E" State Com			State, Federal or Fee			
	Location Location	Z Eun	ont-Yates	State, Federal or Fee State			
		Courth	1000				
	Unit Letter N ; 356	6 Feet From The South Line	e and 1980 Feet From	m The West			
			0.5 - 10.001	- C			
	Line of Section 6 To	wnship 21-S Range	36-E , NMPM,	Lea, County			
			_				
П.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S	proved copy of this form is to be sent)			
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which app	noveu copy of this form is to be sent)			
	Name of Authorized Transporter of Car			roved copy of this form is to be sent)			
	El Paso Natural Gas	Company	1800 Wilco Bldg.	Midland, TX 79701			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When			
	give location of tanks.		Yes	7/21/78			
		41 41 4 6	sing commingling order number				
37	COMPLETION DATA	th that from any other lease or pool,	give comminging order number.				
٧.		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.			
	Designate Type of Completic	on - (X)	x	1 1			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	3/25/78	7/10/78	3713	3065			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	3556	Yates-Sandstone	2946	2918			
		races-sandscone	2946	Depth Casing Shoe			
	1 · · · · · · ·	Perforditions					
	2946-2996						
		TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	11	8 5/8	1205.00	550 sx Cl "C"			
	7 7/8	4 ¹ 2	3710.49	1035 sx Cl "C"			
	7 7/8	2 3/8	2918.35				
1/	TEST DATA AND PROUEST F	OR ALLOWARLE (Test must be a	fter recovery of total volume of load of	oil and must be equal to or exceed top allow-			
٧.	Oll WELL able for this depth or be for full 24 hours)						
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas li)			lift, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF			
			<u></u>				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
			Bris. Condonatio, mino.	0.2.1., 0. 0.1.2.1.2.1.2			
	701	4½	<u> </u>	NA Chala Sta			
	Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure 250.2	Casing Pressure	Choke Size 3/8			
	Dack Flessule	250.2	<u> </u>				
VI. CERTIFICATE OF COMPLIANCE		CE	OIL CONSER	VATION COMMISSION			
-		hereby certify that the rules and regulations of the Oil Conservation		1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	I heraby cartify that the rules and						
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			(/ sieii.	William			
			TITUE SUFERVISOR DIDINICI !				
	Λ						
		1 & Landwin		n compliance with RULE 1104.			
	(Soduen		If this is a request for al	lowable for a newly drilled or deepened			
	(Sian	nature)	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.