1.	UISTRIBUTION UISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PROPATION OFFICE Operator	A FE NEW MEXICO OF CONSERVATION COMMULION REQUEST FOR ALLOWABLE AND A STOR OIL			Form C-104 Supersedes Old C+104 and C+1. Effective 1-1-65
	Doyle Hartman				
,	Reason(s) for filing (Check proper) New We!! X Recompletion Change in Ownership	Change in Transporter of: Cil Dry Casinghead Gas Conc	Gas densate	explainj	
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AN Lease Nome El Paso-Wells Fe Location Unit Letter E ; 1	Vell No : Gool Maga Jeah dias	es)	Kind of Lease State, Føderal or Fee _ Feet From The	
	Line of Section 4 T	ownship 25-S Range	37-Е , ммрм,	Lea	County
III.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G		which approved copy	of this form is to be sent)
	Name of Authorized Transporter of C				of this form is to be sent)
	El Paso Natural	Gas Company Unit Sec. Twp. Rge.	P. O. Box 1384, Is gas actually connected	Jal, New Mex	ico 88252
	give location of tanks,		No	9-19-8	0 9-22-80
IV.	If this production is commingled w COMPLETION DATA	vith that from any other lease or pool,	, give commingling order r	umber:	
	Designate Type of Complet	ion - (X)	New Well Workover	Deepen Plug B	ack Same Resty, Dill. Resty,
ł	Date Spudded	Date Compl. Ready to Pred.	Total Depth		
	8-25-80	9-15-80	3304	Р.В.Т. 327	
	Elevations (DF, RKB, RT, GR, etc.)	5 / 4	Top O!!/Gas Pay	· Tubing	
ł	3220 RKB	Yates Che hun	3036		
	<u>3036-3133 w/16 (Yates)</u>			Depth C	Casing Shoe
[D CEMENTING RECORD		4
-	HOLE SIZE	CASING & TUBING SIZE	DEPT'H SET		SACKS CEMENT
ł	<u> 12 1/4 </u>	<u>8 5/8, 24</u> 5 1/2, 17	431 3304		<u>(circ)</u>
-		<u> </u>		600	(circ)
L.]			
V. (TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed to able for this depth or be for full 24 hours)				
Ĩ	Date First New Oil Run To Tanks Date of Teut		Producing Mothed (Flow, pump, gas lift, etc.)		
-	Length of Test	Tubing Pressure			······································
	- · · ·	1 doing 1 1000 10	Casing Pressure	Cheke S	.20
-	Actual Fred. During Test	Oil-Bbin.	Water-Bble.	Gas - MC	F
1_					
(TAS WELL				
Γ	Actual Pred. Tost-MCF/D	Longth of Test	Bbls, Condensate/MMCF	Gravity	of Condensate
	326 Seating Method (pitor, back pr.)	48 hours Tubing Property (shut-in)			
	Orifice Tester	SITP= 100 psi	SICP= 100 psi	() Choke Si 28/64	
1. C	ERTIFICATE OF COMPLIAN		PCP= 69 psi	VSERVATION C	
_				SEP 24 198	
C.	hereby certify that the rules and r commission have been complied w				
at	love is true and complete to the	BY Joten W. Alnyan			
		TITLE	Geologia		
			This form is to be	filed in compliance	e with RULE 1104.
-	(Signature)		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 allow- able on new and recompleted wells.		
	Administrative As				
	(1 ii				
	September 16, 198		Fill out only Sections 1, 11, 111, and VI for changes of owner, well name or number, or transporter, or other such change of condition Separate Forum C-104 must be filed for each pool in multipl.		
	(Da)	¢/			