

DISTRICT NO. 1
 COUNTY 1
 U.S.G.S.
 LAND OFFICE
 TRANSPORTER OIL
 OPERATOR
 PRORATION OFFICE

NEW MEXICO OIL AND GAS COMMISSION
 REQUIREMENTS FOR OIL AND GAS
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form No. 1
 Supersedes Old 1-104 and 1-105
 File Use 1-1-65

I. OPERATOR

Operator: El Paso Natural Gas Company

Address: P.O. Box 990, Farmington, New Mexico

Reason(s) for filing (Check proper box):

New Well Change in Transporter of: Oil Dry Gas
 Recompletion Castinhead Gas Change in Ownership

Other (Please explain): Installed piston 4-21-77

If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>San Juan 28-6 Unit</u>	Well No. <u>70</u>	Pool Name, including Pool No. <u>Blanco-Mesa Verde</u>	Kind of Lease <u>State</u> Federal or <u>Lease</u>	Lease No. <u>SF 079367-P</u>
Location Unit Letter <u>M</u> <u>993</u> Feet From The <u>south</u> <u>990</u> Feet From The <u>west</u>	Line <u>25</u> Township <u>27N</u> Range <u>6W</u> <u>NM 64</u> <u>Rio Arriba</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
EL PASO NATURAL GAS COMPANY (Address of the address to which approved copy of this form is to be sent)
EL PASO NATURAL GAS COMPANY

Name of Authorized Transporter of Castinhead Gas or Dry Gas
EL PASO NATURAL GAS COMPANY (Address of the address to which approved copy of this form is to be sent)
P. O. BOX 990 FARMINGTON, NEW MEXICO 87401

If well produces oil or gas, give location of tanks: _____

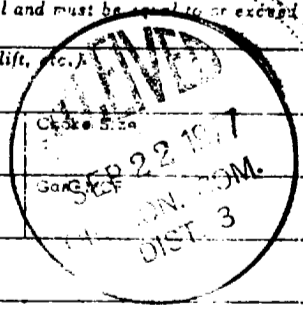
IV. COMPLETION DATA

If this production is commingled with that from any other lease or pool, give commingling order number: _____

Designate Type of Completion - (X)	Oil Well	Gas Well	Refractured	Workover	Deepen	Plug Back	Side Depth	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.		Perforations		DEPTH SET			
Elevations (DF, RKB, RI, etc.)	Name of Producing Formation		Perforations		SACKS CEMENT			
Perforations			Depth Casing Set					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after cessation of total volume of load oil and must be equal to or exceed top allowable for this depth for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Well Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.



GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Well Pressure (shut-in)	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

James M. Warner
 (Signature)
Production Engineer
 (Title)
Sept. 21, 1977
 (Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 22 1977, 19

Original Signed by A. R. Kendrick
 SUPERVISOR DIST. #3

TITLE _____

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 test 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. Form 104 must be filed for each well to be authorized.