

DISTRIBUTION  
 STATE  
 U.S.G.S.  
 LAND OFFICE  
 TRANSPORTER  
 OPERATOR  
 PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 (M)

**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form No. 104  
 Supersedes Old C-104 and  
 C-104 Rev. 1-1-66

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:  
 Recompletion  Oil   
 Change in Ownership  Custodian

Other (Please explain)  
**Installed Piston.  
 6-20-77**

If change of ownership give name and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>San Juan 28-6 Unit</b>	Well No. <b>85</b>	Block Name, in 1/4 Sec. <b>Blanco Mesa Verde</b>	Kind of Lease State, Federal, <del>Other</del>	Lease No. <b>SF 079367-</b>
Location Unit Letter <b>G</b> <b>1840</b> Feet From The <b>North</b> <b>1460</b> Feet From The <b>East</b>	Line <b>25</b> Township <b>27N</b> Range <b>6W</b> N.M.P.M.	County <b>Rio Arriba</b>		

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>EL PASO NATURAL GAS COMPANY</b>	Address to which approved copy of this form is to be sent <b>EL PASO NATURAL GAS COMPANY</b>
Name of Authorized Transporter of Custodian Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>EL PASO NATURAL GAS COMPANY</b>	Address to which approved copy of this form is to be sent <b>P. O. BOX 990</b>
If well produces oil or gas, give location of tanks.	County <b>FARMINGTON, NEW MEXICO 87401</b>

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

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	Refracture	Workover	Deepen	Plug Back	Other	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.	Well Depth	P.B.T.M.					
Elevations (DF, RKB, RI, GR, etc.)	Name of Producing Formation	Perforations	Length of Perforation					
TUBING, CASING, AND GEL PERFORATION RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	BACKS CEMENT					

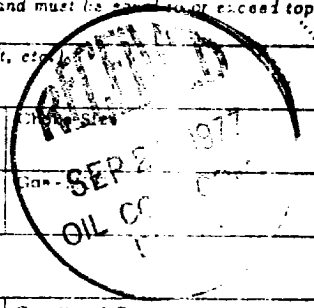
**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL**

(Test must be after production of total volume of load oil and must be equal to or exceed top allowable for this depth for 24 hours)

Date First New Oil Run To Tanks	Date of Test	Flow, pump, gas lift, etc.
Length of Test	Tubing Pressure	
Actual Prod. During Test	Oil - Pbls.	

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Well - Condensate/MCF	Gravity of Condensate
Testing Method (pitot, 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**  
 BY Original Signed by **A. R. Kendrick**, 19  
 SUPERVISOR DIST. #3

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 allowables 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 C-104 must be filed for such changes to multiple wells.