S

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: El Paso Natural Gas Company

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

Reason(s) for filing (Check proper box): New Well; Recompletion; Change in Transporter; Other (Please explain): Installed piston 4-12-77

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
San Juan 28-7 Unit	102	Blanco Mesa Verde	State ———	E- 290-28

Location: Unit Letter N, 990 Feet From The South Line and 1790 Feet From The West Line

Section 2, Township 27N, Range 7W, NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate: EL PASO NATURAL GAS COMPANY

Address (Give address to which approved copy of this form is to be sent): EL PASO NATURAL GAS COMPANY P. O. BOX 990 FARMINGTON, NEW MEXICO 87401

Name of Authorized Transporter of Casinghead Gas or Dry Gas: EL PASO NATURAL GAS COMPANY

If well produces oil or liquids, give location of tanks: Unit Letter ___, Sec. ___, Twp. ___, Rge. ___

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X						

Date Spudded: ___ Date Compl. Ready to Prod.: ___ Total Depth: ___ P.B.T.D.: ___

Elevations (DF, RKB, RT, GR, etc.): ___ Name of Producing Formation: ___ Top Oil/Gas Pay: ___

Perforations: ___

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks: ___ Oil Transporter: ___

Length of Test: ___ Tubing Pressure: ___ Casing Pressure: ___ Choke Size: ___

Actual Prod. During Test: ___ Oil-Bbls.: ___ Water-Bbls.: ___ Gas-MCF: ___

GAS WELL

Actual Prod. Test-MCF/D: ___ Length of Test: ___ Bbls. Condensate/MMCF: ___ 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. Warren
(Signature)
Production Engineer
(Title)
Sept. 21, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED: ___ 19___

BY: Original Signed By A. R. Kendrick

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 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 in 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 multiple