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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
El Paso Natural Gas Company

Address
Box 990, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 23-7 Unit	Well No. 150	Pool Name, Including Formation South Blanco Pictured Cliffs	Kind of Lease State, <input checked="" type="checkbox"/> Federal or Fee	Lease No. SF 078835
Location Unit Letter C ; 825 Feet From The North Line and 1800 Feet From The West Line of Section 6 Township 27N Range 7W , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico 87401			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico 87401			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 6	Twp. 27N	Rge. 7W
Is gas actually connected?		When		

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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 7-23-70	Date Compl. Ready to Prod. 8-24-70	Total Depth 2918'		P.B.T.D. 2904'				
Elevations (DF, RKB, RT, GR, etc.) 6280' GL	Name of Producing Formation Pictured Cliffs	Top XX Gas Pay 2730		Tubing Depth Tubingless Completion				
Perforations 2730-40, 2750-60, 2770-80'				Depth Casing Shoe 2913				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUB NG SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		132'		85 SKS.			
6 3/4"	2 7/8"		2918'		185 SKS.			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
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 3678	Length of Test 3 Hours	Bbls. Condensate/MxMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Calculated A. O. F.	Tubing Pressure (Shut-in) None	Casing Pressure (Shut-in) 946	Choke Size 3/4"

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.

Original Signed **F. H. WOOD**

(Signature)

Petroleum Engineer

(Title)

September 11, 1970

(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 15 1970**, 19

BY **Original Signed by Emery C. Arnold**

TITLE **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 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.