NO. OF COPIES RECI	EIVED	a	5]	
DISTRIBUTIO	:				
SANTA FE	/				
FILE	/	4	-		
U.S.G.S.				AUT	
LAND OFFICE					
TRANSPORTER	OIL	1]	
	GAS	1			
OPERATOR	/				
PRORATION OF					
El Paso N Address PO Box 99	90, F	arn	ing	ton,	
Reason(s) for filing New Well Recompletion Change in Ownership		oroper	box	1	Chang Oil Casin
If change of owners and address of prev	vious ov	ner.			
DESCRIPTION O	F WEL	L. A	NU I	LEA	Well
Son Juan 28-7 Unit					1.

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

FILE / L	REQUEST I	Supersedes Old C-104 and C-110 Effective 1-1-65				
U.S.G.S.	AUTHORIZATION TO TRAI	ς				
LAND OFFICE	- No mentanion io invi	NO. ON OIL MAD HATOKAL GA				
TRANSPORTER OIL / GAS /			•			
PRORATION OFFICE	_	•				
Operator Operator						
El Paso Natural Gas	Company					
PO Box 990, Farmin	gton, NM 87401					
Reason(s) for filing (Check proper bos		Other (Please explain)				
New Well	Change in Transporter of: Oil Dry Gas					
Recompletion Change in Ownership	Casinghead Gas Condens	. = 1				
If change of ownership give name						
and address of previous owner						
DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including Fo		Lease No.			
San Juan 28-7 Unit	157 Basin Dakot	State, (Federal)	or Fee SH 078972			
Location						
Unit Letter B ; 820	Feet From The North Line	e and 1700 Feet From Th	• East			
Line of Section 11 To	wnship 27N Range 7	W , NMPM,	Rio Arriba County			
DESCRIPTION OF THE ANSWER	TER OF OIL AND NATURAL GA	\$				
Name of Authorized Transporter of O	or Condensate	Address (Give address to which approve	d copy of this form is to be sent)			
El Paso Natural Gas	Company singhead Gas or Dry Gas X	PO Box 990. F Address (Give address to which approve	armington, NM 87401			
Name of Authorized Transporter of Co El Paso Natural Gas			armington, NM 87401			
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When				
give location of tanks.	B 11 27N 7W ith that from any other lease or pool,	give commingling order number:	<u></u> j			
COMPLETION DATA	Oil Well Gas Well		Plug Back Same Res'v. Diff, Res'v.			
Designate Type of Complet		X				
Date Spudded 10-11-71	Date Compl. Ready to Prod. 12-7-71		P.B.T.D. 76721			
Elevations (DF, RKB, RT, GR, etc.)		1	Tubing Depth			
6549'GL	Dakota	7440'	7633'			
Perforations			Depth Casing Shoe			
7440-46', 7456-62',	7472-82', 7568-80', 7604-12		7685'			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
13 3/4"	9.5/8"	209'	190 sks.			
8 3/4" & 7 7/8"	4 1/2" 2 3/8"	7685'	570 sks.			
	2 3/8"	7633'	tubing			
TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a able for this de	feer recovery of sorol volume of load oil ar	nd must be equal to or exceed top allow-			
OIL WELL Date First New Oil Run To Tanks	able for this de	Producing Ate bo (Flow sump, sa life,	etc.)			
Date First New Oil Hun to Idnies	Bate of 1881	Producing Molpo (Flaw Jump, tax lift,				
Length of Test	Tubing Pressure	Casing Pressure DEC 16 1371	Choke Size			
Actual Prod. During Test	Oil-Bbla.	Water - Bblg	Gas - MCF			
Actual Float Dailing 1 and		Water - BoldiL CON. COM.				
	***	DIST.				
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate / XXX 3 hrs.	Gravity of Condensate			
6371 MCF/D	3 hrs.	8	51.8°			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 3/4" variable			
Calc. AOF	2201	2536	TION COMMISSION			
CERTIFICATE OF COMPLIA	NCE	1				
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED DEC 1				
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		By Original Signed by Emery C. Arnold				
		TITLE SUPERVISOR DIST. #3				
0.1.10		This form is to be filed in compliance with RULE 1104.				
Original Signed F. H. WOOD		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				
(Si ₄	natwe)	well, this form must be accompan tests taken on the well in accord	led by a tabulation of the deviation lance with RULE 111.			
Petroleum Engineer	0.1.1	All sections of this form must be filled out completely for allow-				
	Citle)	able on new and recompleted well Fill out only Sections I, II,	tit and VI for changes of owner,			
December 15, 1971	Date)	well name or number, or transporte	n or other such change of condition. he filed for each pool in multiply			
	·.	Separate Forms C-104 must completed wells.	the trion for event poor in married			