			\.				
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DISTRIBUT ON	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104						
SANTA FE /	REQUEST FO	OR ALLOWABLE	Supersedes Old C-104 and C-110 Elloctive 1-1-65				
FILE 1 L		AND					
U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GA	S				
LAND OFFICE							
IRANSPORTER GAS /							
OPERATOR /							
PRORATION OFFICE							
El Paso Natural Gas Co	ompany						
PO Box 990, Farmingto	n, NM 87401						
Reason(s) for filing (Check proper box)		Other (Please explain)					
New Well	Change in Transporter of:						
Recompletion	OII Dry Gas						
Change in Ownership	Casinghead Gas Condens	ate					
If change of ownership give name							
and address of previous owner			,				
DESCRIPTION OF WELL AND L	EASE. Well No. Fool Name, Including For	rmation Kind of Lease	Lease No.				
Lease Name		State (Federa)	or Fee SF 078640				
San Juan 28-7 Unit	155 Basin Dakota						
Location	650 Feet From The South Line	and 1650 Feet From T	west				
Unit Letter K; 1	650 Feet From The South Line						
Line of Section 22 Town		7W , NMPM, Rio A	Arriba County				
		n					
DESIGNATION OF TRANSPORT	or Condensate X	Address (Give address to which approv	ed copy of this form is to be sent)				
Name of Authorized Transporter of Oil			· · · · · · · · · · · · · · · · · · ·				
El Paso Natural Gas C	Company	PO Box 990, Farmingto Address (Give address to which approv	ed copy of this form is to be sent)				
Air and Authorized Transporter of Cast	nghead Gas or Dry Gas A	PO Box 990, Farmington	, NM 87401				
El Paso Natural Gas (Is gas actually connected? Whe					
If well produces oil or liquids,	Unit Sec. Twp. Pge.	Is gas detadily connected.					
give location of tanks.	K 22 27N 7W	<u> </u>					
If this production is commingled with	n that from any other lease or pool,	give commingling order number:					
. COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.				
	Oil Well Gas Well	New Well Workover Deepen					
Designate Type of Completion		Total Depth	P.B.T.D.				
Date Spudded	Date Compl. Ready to Prod.	1	7558'				
10-3-71	11430-71	7575' Top XX /Gas Pay	Tubing Depth				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	1	7529 ^t				
6581'GL	Dakota	7292'	Depth Casing Shoe				
Perforations			7575'				
7292-7304', 7368-74',	7404-16', 7437-53', 750	1/-13 , /5/2/-20	1				
	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT				
HOLE SIZE	CASING & TUBING SIZE	209'	190 sks.				
13 3/4"	9 5/8"	7575'	575 sks.				
8 3/4" & 7 7/8"	4 1/2"		tubing				
	2 3/8"	7529'	- tubing				
		1					
. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load oil	and must be equal to or exceed top allow				
OIL WELL	able for this d	epth or be for full 24 hours) Producing Method (Flow, pump, gas li	The state of the s				
Date First New Oil Run To Tanks	Date of Test	Producing Method (From, pump, gas so	et/\ [\]				
			Choke Size				
Length of Test	Tubing Pressure	Casing Pressure	0.1020				
Feligin or 100.			Gas-MC 150 9 1971				
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-WcДЕД 8 19/1				
Actual Plod. During 1991			CON. COM.				
			DIST. 3				
Actual Prod. Tost-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
Actual Flod. 1001-1101/2	2 hours	13	50.1°				

I. CERTIFICATE OF COMPLIANCE

2732 MCF/D

Calc. AOF

Testing Method (pitot, back pr.)

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.

3 hours

2546

Tubing Pressure (Shut-in)

Original	Signed	F.	H.	WOOD

			(Sigr	iative)	
Petro	oleum	Eng	gineer		
				itle)	
Dece	ember	9,	1971		
			1	atel	

3/4" variable 2520 CONSERVATION COMMISSION

Choke Size

Casing Pressure (Shut-in)

OIL CONSERVATION COMMISSION						
APPROVED	DEC	9	1971	, 19)	
AFFROVED			~		1	
By Original Signed	by Em	er	<u> </u>	Arnolo		
SUPERV	TGOR D	TST	#3			
TITLE SUPPLY	10011	101				

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.