NO. OF COPIES RECEIVED		5					
DISTRIBUTION				NEW MEXICO OI			
SANTA FE		1		REQUI			
FILE							
U.S.G.S.			L	AUTHORIZATION TO			
LAND OFFICE							
TRANSPORTER	OIL	1					
	GAS						
OPERATOR		/_					
PRORATION OFFICE							
Operator							
El Paso Natural Cas Company							
Address							
PO Box 990, Farmington, NM 87401							
Reason(s) for filing (Check proper box)							
New Well			Change in Transporter of:				
Recompletion				OII D			
Change in Ownership				Casinghead Gas Co			
	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OPERATOR PRORATION OFFI OPERATOR Reason(s) for filing New Well Recompletion	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  OPERATOR  PRORATION OFFICE  Operator  El Paso Nat  Address  PO Box 990,  Reason(s) for filing (Check)  New Well  Recompletion	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  OPERATOR  PRORATION OFFICE  Operator  El Paso Natura  Address  PO Box 990, Fa  Reason(s) for filing (Check propense)  New We!1  Recompletion	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  OIL / GAS /  OPERATOR  PRORATION OFFICE  Operator  El Paso Natural Ga  Address  PO Box 990, Farm  Reason(s) for filing (Check proper box, New We!)  Recompletion			

-	DISTRIBUTION		SERVATION COMMISSION Form C-104   Superacdes Old C-104 and C-110						
ŀ	FILE /		AND	Effective i-1-65					
- }	U.S.G.S.		ISPORT OIL AND NATURAL GA	S					
- }	LAND OFFICE	AUTHORIZATION TO TRAIN	io on one made in tour or						
ŀ	OIL /								
	TRANSPORTER GAS /								
ŀ	OPERATOR /								
_ }	PRORATION OFFICE								
E	Operator								
	El Paso Natural Cas	s Company							
	Address								
ı		ngton, NM 87401							
	PO Box 990, Farmington, NM 87401  Reason(s) for filing (Check proper box)  Other (Please explain)								
	New We!1 Change in Transporter of:								
	Dry Gas								
	Recompletion Condensate								
	Change in Ownership Casingheda Gas Contambre								
	If change of ownership give name								
	and address of previous owner								
	DESCRIPTION OF WELL AND I	EASE							
п.	DESCRIPTION OF WELL AND L	Well No. Pool Name, Including For	rmation Kind of Lease	Lease No.					
	San Juan 28-6 Unit	180 Basin Dakota	State (Federal	yr Fee E- 290-28					
	Location San Juan 20-0 Circ	100   Dasin Sans							
		Feet From The North Line	and 1840 Feet From Th	East					
	Unit Letter B ; 1180	Feet From The							
	2 Town	nship 27N Range	6W , NMPM,	Rio Arriba County					
	Line of Section Town	aship							
	I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Or Condensate X  Address (Give address to which approved copy of this form is to be sent)								
HI.	Name of Authorized Transporter of Oil	or Condensate							
	El Paso Natural Ga	s Company	PO Box 990, Farmington	PO Box 990, Farmington, NM 87401					
	Name of Authorized Transporter of Cast	inghead Gas or Dry Gas X	Address (Give address to which approved copy of this form is to be sent)						
	El Paso Natural Ga	s Company	PO Box 990, Farmington, NM 87401						
		Unit Sec. Twp. P.ge.	Is gas actually connected? When						
	If well produces oil or liquids,								
	give location of tanks.		i a comingling order number:						
	If this production is commingled with	h that from any other lease or pool,	give comminging order number.						
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.					
	Designate Type of Completio	n = (X)	X						
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	Date Spudded	6-28-73	7580'	7573'					
	5-8-73	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
	Lievations (Dt., 1thD, Kr., OK, Stor)	Dakota	7314'	7502'					
	6331'GL	72201 72551 73601 7424	1' 7428' 7433' 7465'	Depth Casing Shoe					
Perforations 7314', 7322', 7330', 7355', 7360', 7424', 7428', 7433', 7465', 7470', 7485', 7490', 7510', 7518', 7526'									
	7470', 7485', 7490								
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	HOLE SIZE	9 5/8"	222'	225 cu. ft.					
	13 3/4"	95/8	3384'	233 cu, ft.					
	8 3/4"	4 1/2"	7580'	658 cu. ft.					
	6 1/4"	1 1/2"	750'2	tubing					
		1 1/2	the same of the same of lead off.						
¥	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 allow able for this depth or be for full 24 hours)								
·	OIL WELL	Date of Test	Producing Method (Flow, pump, gas lip	(i, etc.)					
	Date First New Oil Run To Tanks	Date of 1981							
		Tubing Pressure	Casing Pressure	Choke Street					
	Length of Test	1 dbing Piese		The state of the s					
		Oil-Bbis.	Water - Bbls.	G 10 1973					
	Actual Prod. During Test	O11- BD12.		OCT 20 18/3 1					
				OIL CON. COM.					
				2012					
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Greyity of Consonage					
	Actual Prod. Test-MCF/D								
	3996	3 hrs. Tubing Pressure(shut-in)	Casing Pressure (Shut-in)	Choke Size					
	Testing Method (pitot, back pr.) Calc. AOF	2400	2706'	3/4"					
			OII CONSERVA	ATION COMMISSION					
V	I. CERTIFICATE OF COMPLIAN	CE							
			APPROVED 101 2 0 19/	3, 19					
	I hereby certify that the rules and	regulations of the Oil Conservation	· II	Original Signed by A. R. Kendrick					
	Commission have been complied	with and that the information given e best of my knowledge and belief.	BY	BY					
	above is true and complete to the	-	PETROLEUM ENGIN	TITLE PETROLEUM ENGINEER DIST. NO. S					
	11 11.	•	This form is to be filed in	complience with RULE 1104.					
	N 41. Dus	ve 0	If this is a request for allo	wable for a newly drilled or deepened					
	M. M. Suca	nature)	well, this form must be accomp	ordance with RULE 111.					
	Drilling Clerk	•	Att seations of this form m	ast be filled out completely for allow-					
		itle)							
	• •	,	Fill out only Sections I.	II. III, and VI for changes of condition.					
	July 18, 1973	Date)	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.  Secreta Forms C-104 must be filed for each pool in multiply						

Separate Forms C-104 must be filed for each pool in multiply completed wells.