

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

Form O-104  
Supersedes OI O-104 and O-105  
Effective 1-1-65

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El Paso Natural Gas Company	
P. O. Box 990, Farmington, New Mexico 87401	
Production (Oil or Gas or Both) _____	
New Well <input checked="" type="checkbox"/>	Change in Transporter of _____
Production <input type="checkbox"/>	Oil <input type="checkbox"/> Gas <input type="checkbox"/>
Transporter <input type="checkbox"/>	Gas <input type="checkbox"/> Oil <input type="checkbox"/>

If change of ownership gives same  
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	168	Undes. Chacra	State, Federal or Free	SE 078835-A
Location	Unit No. A	1150 Feet From The North	Line No. 910	Feet From The East
Line of Section 6	Township 27-N	Range 7-W	Section 6	Rio Arriba

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)
El Paso Natural Gas Company	P. O. Box 990, Farmington, New Mexico 87401
Name of Authorized Transporter of 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)
El Paso Natural Gas Company	P. O. Box 990, Farmington, New Mexico 87401
If well produces oil or liquids, give location of them.	Unit Sec. Twp. Rng. (If not actually connected, when)
A 6 27-N 7-W	

If this production is commingled with that from any other lease or pool, give commingling order numbers:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Flow Well	Water Well	Stripper	Plug Back	Same Rest.	Diff. Rest.
12-12-73	5-23-74	3731'						
6175' GL	Chacra	3640						
3640-50								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13-3/4"	9-5/8"	128' GL	142 cu. ft.					
7-7/8" & 6-3/4"	2-7/8"	3731'	400 cu. ft.					
	Tubingless							

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 test or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Recording Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-able.	Water-able.	Gas-MCF

GAS WELL

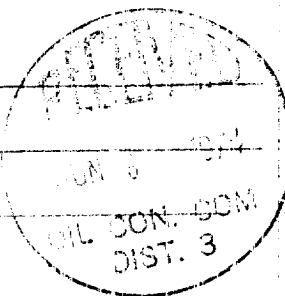
Actual Prod. Test-MCF/D	Length of Test	Abil. Gas-able to MCF/D	Gravity of Condensate
357	3 hours		
Testing Method (pump, suck, etc.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Calc. A.O.F.	-	1112	3/4"

VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

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.

Drilling Clerk	(Signature)
June 3, 1974	(Title)
	(Date)



APPROVED	JUN 6 - 1974
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 from 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, lease, or production, or transporter or other such change of condition.  
Separate Form O-104 must be filed for each pool in multiple completions.