				·	-					
	NO. OF COPIES RECEIVED									
	DISTRIBUTION				:	NEW MEXICO OIL				
	SANTA FE		1			EQUEST FOR				
	FILE		1			AND				
	U.S.G.S.				AUTHO	DRIZATION	TO TRANSPO			
	LAND OFFICE									
	IRANSPORTER	OIL	1							
		GAS	1							
	OPERATOR		1							
1	PRORATION OFFICE									
••	Operator									
	El Paso Natural Gas Company									
	P. O. Box 990, Farmington, NM 87401									
	Reason(s) for fling (Check proper box)									
	New Well				Change i	n Transporter	of:			
	Recompletion				OII	OII Dry Gas				
	Change in Ownership			Casinghead Gas Condens						
	If change of owners and address of prev	thip giv	e nat	me						
II.	DESCRIPTION OF WELL AND LEASE									
	Lease Name				Well No.	Pool Name,	Including Formatio			

RVATION COMMISSION

Form C -104

İ	SANTA FE	1	REQU	EST FOR AL	LOWABLE			Supersedes Old C-104 and C-110 Ellective 1-1-65				
	FILE	11		AND	-			1-03				
	U.S.G.S.		AUTHORIZATION TO	TRANSPOR	I OIL AND	NATURAL G	45					
	OIL	7	1									
	TRANSPORTER GAS	,		•								
	OPERATOR	1										
ı.	PRORATION OFFICE											
	El Paso Natural Gas Company Address											
	P. O. Box 990, Farmington, NM 87401											
	Reason(s) for filing (Check p				Other (Please explain)							
	New We!1		Change in Transporter of:	Dry Gas								
	Recompletion Change in Ownership			Condensate								
	Change in Ownstanip				<u> </u>							
	If change of ownership give and address of previous ow							•				
u.	DESCRIPTION OF WEL	L AND I	EASE. Well No. Pool Name, Inclu	ding Formation		Kind of Lease		Lease No.				
	San Juan 28-6 Ur	nit	194 South B	lanco PC		State Federal	pr Fee	SF079363				
	Location											
	Unit Letter D	:119	00 Feet From The N	Line and	790	Feet From T	heW					
	Line of Section 13	Tow	mship 27N Rand	ge 61	NMPI	M. Rio	Arriba	County				
III.	DESIGNATION OF TRA	NSPORT	ER OF OIL AND NATURA	AL GAS		17.1	ed copy of this form	is to be sent)				
	Name of Authorized Transpor	rter of Oil	or Condensate	Addres								
	El Paso Natural	Gas Co	ompany inghead Gas or Dry Gas _		P. O. Box 990, Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent)							
	El Paso Natural			74	P. O. Box 990, Farmington, NM 87401							
			Unit Sec. Twp. P.		actually connec							
	If well produces oil or liquid give location of tanks.		D 1 13 27N	_6W								
	If this production is commi	ingled wit	h that from any other lease or	pool, give con	nmingling ord	er number:						
IV.	COMPLETION DATA		Oil Well Gas				Plug Back Same	Res'v. Diff. Res'v.				
	Designate Type of C	Completic	$\mathbf{n} = (\mathbf{X})$	X	x :	i		-				
	Date Spudded		Date Campl. Ready to Prod.	Total I	Depth		P.B.T.D.	Ì				
	10-11-71		01-10-75	3246	l/Gas Pay		3235! Tubing Depth					
	Elevations (DI', RKB, RT, C	R, etc.,	Name of Producing Formation Pictured Cliffs	3104			Tubingless					
	6356' G Pictured Cliffs Perforations			310+			Depth Casing Shoe					
		3104-10', 3128-34', 3152-58'					3246'					
	TUBING, CASING, AN						SACKS CEMENT					
	FOLE SIZE				DEPTH:	SE 1	112 cu. ft.					
	12 1/4'' 7 7/8'' and 6 3/	//11	8 5/8"	124 3246			303 cu. ft					
	7 7/8" and 0 3/	/ 4	Tubingless									
V	TEST DATA AND REQ	UEST F	OR ALLOWABLE (Test mi	ust be after reco this depth or b	very of total vo e for full 24 hou	lume of load oil: urs)	and must be equal to	or exceed top allow-				
	OIL WELL		Date of Test	Produc	ing Method (Fl	ow, pump, gas li	ft, etc.)					
	Date t list lies on the	Date First New Oil Run To Tanks Date of Test										
	Length of Test		Tubing Pressure	Casing	Pressure		Choke Size	CRORE SIZE				
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.			Gas-MCF						
	- 40 WDI *					7 - 2 - 7						
	Actual Prod. Test-MCF/D		Length of Test	Bbls.	Condensate Ady	EF WIZ	Gravity of Conden	sate				
	600		3 hours			40 180	Choke Size					
	Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)				custom parameter 13/							
	Calc. A.O.F.			1494_	OII.	CONSERV	TION COMMIS	SION				
VI	. CERTIFICATE OF CO	CE		\			4 1974					
	a de la companión de la charactería	regulations of the Oil Conser	vation APF	PROVED								
	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.				By Original Signed by Emery C. Arnold							
	above is true and compl	B Dest of my knowledge and	}	SUPERVISOR DIST. #3								
	2		TIT	TITLE								
	D. G. Bu				This form is to be filed in compliance with RULE 1104.							
	p. D. Du	200	nature)		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 to the section of the form must be filled out completely for allowable to the section of the form must be filled out completely for allowable to the section of the se							
	Drilling Clerk		ides on E /	test								
		itle)	able	All sections of this form must be lifted out completely to state able 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.								
	January 21, 197		11									
			ate)	- 1	Separate Fo	rms C-104 mus	at be filed for ea	ch pool in multiply				
				соп	pleted wells.							