NO. OF COPIES RECE	5		
DISTRIBUTION			
SANTA FE			
FILE		7	1
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	7	
	GAS	1	
OPERATOR		7	
PRORATION OF			
Operator			

Ì	DISTRIBUTION /		DISERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110		
	FILE /		AND	Effective 1-1-65		
ı	U.S.G.S.	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL G	;AS		
1	LAND OFFICE					
	TRANSPORTER OIL					
	GAS /	•				
	OPERATOR /					
1.	PRORATION OFFICE Operator					
	El Paso Natural Gas Co	mpany				
	Address					
	P. O. Box 990, Farmington, NM 87401					
	Reason(s) for filing (Check proper box)					
	New Well	Change in Transporter of:		·		
	Recompletion	OII Dry Gas	75. 1			
	Change in Ownership	Casinghead Gas Condens	sate			
	If change of ownership give name					
	and address of previous owner					
	DECORPTION OF WELL AND I	FACE		•		
п.	DESCRIPTION OF WELL AND L	Well No. Pool Name, Including Fo		i		
	San Juan 28-6 Unit	201 South Blance	O PC State Federa	SF079367-B		
	Location			1		
	Unit letter J : 1710	Feet From The S Line	• and Feet From	The E		
	Line of Section 25 Town	nship 27N Range	6W , NMPM, Rio	Arriba County		
			•			
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate V	Address (Give address to which appro	oved copy of this form is to be sent)		
			İ			
	El Paso Natural Gas Co	inplanty Inghead Gas Or Dry Gas V	P. O. Box 990. Farming Address (Give address to which appro	oved copy of this form is to be sent)		
	El Paso Natural Gas Co		P. O. Box 990, Farming			
		Unit Sec. Twp. P.ge.		nen .		
	If well produces oil or liquids, give location of tanks.	J 25 27N 6W	1			
	If this production is commingled with		give commingling order number:			
IV.	COMPLETION DATA			Tol - Dark Same Books Diff Books		
- •		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Designate Type of Completion		Total Depth	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.				
	11-17-74	01-14-75 Name of Producing Formation	3230 t Top Gil/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)		1 4	Tubingless		
	6421' GL	Pictured Cliffs	3096	Depth Casing Shoe		
	Perforations 3096-3104', 3114-20',	3130-461		3230'		
	3030 3104 , 3114 20 ,	TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12 1/4"	8 5/8"	124'	112 cu. ft.		
	7 7/8" and 6 3/4"	2 7/8"	3230'	355 cu. ft.		
		Tubingless				
		<u> </u>				
V	. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	ifter recovery of total volum e of load oi epth or be for full 24 hours)	l and must be equal to or exceed top allow-		
	OIL WELL Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
	Date First New Cir Run 10 Tunks					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Early of 1991	_				
	Actual Prod. During Test	Oil-Bble.	Water - Bbls.	Gas-MCF		
				1-4-3-1-1		
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Sondensate		
	Actual Prod. Test-MCF/D	Length of Test	Bate. Coldenacto, innec	and the same		
	1454	3 hours Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	tubing First and (Black 12)	1070	3/4"		
	Calc. A.O.F.			ATION COMMISSION		
V	. CERTIFICATE OF COMPLIAN	CE		JAN 9 4 1074		
		t attended his Consequation	APPROVED	JAN 2,4 1974		
		regulations of the Oil Conservation with and that the information given				
	above is true and complete to the best of my knowledge and belief.		BY OF Ignat bigned by and of African DIST. #3			
	8		TITLE	BY Original Signed by Houry C. Arnold DIST. #3		
	2 2 -		This form is to be filed in compliance with RULE 1104.			
	Well, this form must be accompanied by a tabulation of the deviation of th			WENIEU DA E (EDMISTION OF THE SALVENIA.		
	Drilling Clerk		tests taken on the well in acc	must be filled out completely for allow-		
(Title)		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.				
January 21, 1975						
		ate)	well name or number, or transp	ust be filed for each pool in multiply		
			Separate Forms C-104 m completed wells.	der of most for clear poor in members		
			•			