

RECEIVED

JAN 23 1984

OIL CON. DIV
DIST. 3

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
El Paso Natural Gas

Address
Box 4289, Farmington, New Mexico, 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-7 Unit	Well No. 165E	Pool Name, including Formation Basin Dakota	Kind of Lease State, E	Lease No. 2825-6
Location				
Unit U etter <u>I</u> : <u>1760</u> Feet From The <u>South</u> Line and <u>830</u> Feet From The <u>East</u>				
Line of Section <u>16</u> Township <u>27N</u> Range <u>7W</u> , NMPM, <u>Rio Arriba</u> County				

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	Box 4289, Farmington, New Mexico, 87499
Name of Authorized Transporter of Casinghead 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	Box 4289, Farmington, New Mexico, 87499
If well produces oil or liquids, give location of tanks.	Unit : <u>I</u> Sec. : <u>16</u> Twp. : <u>27N</u> Rge. : <u>7W</u>
Is gas actually connected? <input type="checkbox"/> When	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

H. G. Drisco
(Signature)

Drilling Clerk
(Title)

January 18, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 23 1984
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 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 deviatric 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 multiphase completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 12-6-83	Date Compl. Ready to Prod. 1-11-84		Total Depth 7699'			P.B.T.D. 7679'			
Elevations (DF, RKB, RT, CR, etc.) 6636' GL	Name of Producing Formation Dakota		Top Oil/Gas Pay 7410'			Tubing Depth 7558'			
Perforations 7410 w/ 1 Spz, 7417, 7426, 7492, 7530, 7537, 7544, 7565, 7584, w/ 2 Spz						Depth Casing Shoe 7699'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	218'	124 cu. ft.
8 3/4" & 7 7/8"	4 1/2"	7696'	448 cu. ft. 1665
	2 3/8"	7558'	

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 depth or be for full 24 hours)

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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test Shut In - 7 Days	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In) 2054	Casing Pressure (Shut-In) 2324	Choke Size