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LAND OFFICE				
TRANSPORTER	OIL	7		
	GAS	1		
OPERATOR		15		

	DISTRIBUTION SANTA FE /	_	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND		
	U.S.G.S.  LAND OFFICE  I RANSPORTER OIL / GAS  OPERATOR	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	;AS	
I.	PRORATION OFFICE Creator El Paso Natural Gas (	Company, Bo			
	Reason(s) for filing (Check proper body)  Reason(s) for filing (Check proper body)  Heading Heading (Change in Ownership			Leak (See Back for	
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND Lease Name San Juan 28-7 Unit Location	Well No. Pool Nat 86 (PC) So.	me, Including Formation  Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee	
	Unit Letter K ; 180		re and <u>1550</u> Feet From 7  W , NMPM, <b>Rio A</b>		
III.	DESIGN/ TION OF TRANSPORTER OF OIL AND NATURAL GAS				
	Name of Futhorized Transporter of Cil or Condensate  El Paso Natural Gas Company		Address (Give address to which approved copy of this form is to be sent)  Box 990, Farmington, New Maxico  Address (Give address to which approved copy of this form is to be sent)		
	El Paso Natural Gas C	Company	Box 990, Farmington, New 1		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. K 7 27N 7W	is gas actually connected? Whe	in	
IV.	If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,			
	Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations		.l <u></u>	Depth Casing Shoe	
	HOLE SIZE	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT	
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	 	and must Mall Descreed top allow-	
٠.	Oll WELL  Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lif	OFICIVEN	
	Length of Test	Tubing Pressure	Casing Pressure	Chok \$1 2 4 1965	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	DIST. 3	
	CAG WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitos, back pr.)  Calculated A.O.F.	3 Hrs. Tubing Pressure 463	Casing Pressure	Choke Size 3/4"	
V1.	CERTIFICATE OF COMPLIAN	ICE	<u> </u>	TION 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.		TITLE  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 tests taken on the well in accordance with RULE 111.			
OR G NOL SIGNED E.S. OBERLY  (Signature)  Petroleum Engineer  (Title)  9-21-65  (Date)					
			All sections of this form must be filled out completely for allowable on new and recompleted wells.  Fill out Sections I, II, III, and VI only for changes of owner,		
			Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.		

Separate Forms C-1 completed wells.

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8-16-65 Pulled Pictured Cliffs tubing, Mess Verde tubing, and packer. Ran casing scraper to top of 5 1/2" liner.

8-17-65 Ran 171 joints 2 3/8", 4.7#, J-55 Mess Verde tubing (5363.49") landed at 5373.49". Baker Model "D" packer set at 3138". Re-ran 1 1/4" Pictured Cliffs tubing to 3079".

9-2-65 Date Pictured Cliffs formation was tested.

9-10-65
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