NO OF COPIES MECESTED			5
DISTRIBUTION			
SANTA FE		1	
FILE		1	
U.S.G.S.			
LAND OFFICE			
THANSPORTER	OIL	1	
	GAS	ı	
OPERATOR		1	
PROPATION OFFICE		<u> </u>	
Operator			

FEB

(Date)

DISTRIBUTION  SANTAFE  FILE  U.S.G.S.	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Form C=104 Supersedes Old C=104 and C=110 Effective 1=1=65	
THANSPORTER OIL   GAS   COPERATOR   PROPRATION OFFICE   COPERATOR   COPERATOR				
El Paso Motural Gas	Company			
Box 990, Formington Reason(s) for filing (Check proper box,	, New Mexico 87401	Other (Please explain)		
Recompletion	OII Dry Gas			
Change in Ownership	Casinghead Gas Condens	sate []		
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	LEASE:   Vell No.   Pool Name, Including Fo	ormation Kind of Lease	Lease No.	
Sen Juan 28-5 Unit	47 Blanco Me	esa Verde State, Foregal	or Fee \$F 079522	
Location Unit Letter B; 9	30 Feet From The North Line	and 1850 Feet From Ti	he East	
Line of Section 36 Tov	waship 28N Range	5W NMPM, Rio Ar	rriba County	
Name of Authorized Transporter of Cit El Paso Natural Gas Name of Authorized Transporter of Car Northwest Pipeline If well produces oil or liquids,	Company singhead Gas or Dry Gas X	Address (Give address to which approved copy of this form is to be sent)  Box 990, Farmington, New Mexico 87% (OL  Address (Give address to which approved copy of this form is to be sent)  501 Airport Drive, Farmington, New Mexico 87% (Is gas actually connected?  When		
give location of tanks.	th that from any other lease or pool,	give commingling order number:	,	
COMPLETION DATA			Plug Back   Same Res'v. Diff. Res'v.	
Designate Type of Completion				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.,	Name of Froducing Formation	Top Oil/Gas Fay Tybing Depth		
Perforations			Depth Casing Shoe	
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		(rt	IFR	
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fier recovery of total volume of load oil g	de read to or exceed top allow-	
OIL WELL Date First New Cil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas i	160 14 1814	
Length of Test	Tubing Pressure	Casing Pressure	Chake Size	
Actual Prod. During Test	Oil-Bhie.	Water - Bble.	Gao-MCFONST 3	
GAS WELL. Actual Prod. Test-MCF/D	Length of Yest	Bbls. Condensate/MMCF	Gravity of Condensate	
Teating Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE-OF COMPLIAN	CE		FEB 7 19/4	
	regulations of the Oil Conservation with and that the information given a beat of my knowledge and belief.	Original Signed by Emery C. Arnold  SUPERVISOR DIST. #3		
(Signature)		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.  All sections of this form must be filled out completely for allow-		
FEB 4 1974 (T	iile)	Il alde on new and recompleted we	ills.  Ill, and VI for changes of owner,  on other such change of condition	

All sections of this form that the state of the sections is the sections of the section o