

DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	
PRORATION OFFICE	

**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-11  
Effective 1-1-65

**API 30-039-20841**

**I. Operator**  
El Paso Natural Gas Company  
Address  
P.O. Box 289, Farmington, New Mexico 87401  
Reason(s) for filing (Check proper box)  
New Well  Change in Transporter of:  
Recompletion  Oil  Dry Gas   
Change in Ownership  Casinghead Gas  Condensate   
Other (Please explain)

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name San Juan 28-6	Well No. 210	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. SF080430A
Location Unit Letter <u>K</u> ; <u>1850</u> Feet From The <u>South</u> Line and <u>1190</u> Feet From The <u>West</u> Line of Section <u>31</u> Township <u>28-N</u> Range <u>6-W</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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 289, Farmington, New Mexico 87401			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 289, Farmington, New Mexico 87401			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 31	Twp. 28-N	Rge. 6-W
Is gas actually connected?		When		

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

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
		X	X					
Date Spudded 1-9-79	Date Compl. Ready to Prod. 7-18-79	Total Depth 7767'		P.B.T.D. 7648'				
Elevations (DF, RKB, RT, GR, etc.) 6603' GL	Name of Producing Formation Dakota	Top Gas Pay 7582'		Tubing Depth 7741'				
Perforations 7582, 7599, 7607, 7696, 7702, 7708, 7713, 7741, 7756' w/1 SPZ.				Depth Casing Shoe 7767'				
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
13 3/4"	9 5/8"	205'			224 cf			
8 3/4"	7"	3592'			255 cf			
6 1/4"	4 1/2"	7767'			641 cf			
	1 1/2"	7741'			tubing			

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL**

(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	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in) 2646	Casing Pressure (shut-in) 2646	Choke Size

**VI. CERTIFICATE OF COMPLIANCE**

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.

Robert Bradford  
(Signature)  
Drilling Clerk  
(Title)  
July 23, 1979  
(Date)

**OIL CONSERVATION COMMISSION**  
APPROVED JUL 27 1979  
BY Original Signed \_\_\_\_\_  
SUPERVISOR DISTRICT \_\_\_\_\_

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.  
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 multiple