					•		
۲	HO. OF COPIES RECEIVED 15						
}	DISTRIBUTION						
-			ONSERVATION COMMIS	SION	Form C-104 Supersedes Old C-104 and C-116		
1	SANTA FE	Effective 1-1-65					
-	FILE /		AND	TUD41 046			
ŀ	U.S.G.5.	AUTHORIZATION TO TRA	NSPORT OIL AND NA	ATURAL GAS			
ļ	LAND OFFICE						
	TRANSPORTER GAS /						
	OPERATOR /						
1.	PRORATION OFFICE				· · · · · · · · · · · · · · · · · · ·		
	Operator						
	El Paso Natural Gas Company						
	Address P. O. Box 990, Farmington, NM 87401						
	Reason(s) for filing (Check proper box)  Other (Please explain)						
- 1		Change in Transporter of:		•			
	New We!1						
- 1	Recompletion						
i	Change in Ownership	Casinghead Gas Conden	130.6				
	If change of ownership give name and address of previous owner						
11	DESCRIPTION OF WELL AND I	EASE					
<b></b> .	Lease Name	Well No. Pool Name, Including F	ormation	(ind of Lease	Lease No.		
	San Juan 28-7 Unit	238 Basin Dakota		State, (Federal) or Fe	SF078497		
	Location						
	Unit Letter N : 1000 Feet From The S Line and 1600 Feet From The W						
	Line of Section 29 Township 28N Range 7W , NMPM, Rio Arriba County						
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	\S	autich approved oor	y of this form is to be sent)		
	Name of Authorized Transporter of Oil	or Condensate X	Address (Give address to	waten approved cop	y of this form is to be sem,		
	El Paso Natural Gas Co	mpany	P. O. Box 990,	Farmington,	NM 87401 by of this form is to be sent;		
	Name of Authorized Transporter of Cas	Inghead Gas or Dry Gas X	!				
	El Paso Natural Gas Co	mpany	P. O. Box 990,		NM 87401		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected	1? When			
	give location of tanks.	N 29 28N 7W					
	If this production is commingled with that from any other lease or pool, give commingling order number:						
īV	COMPLETION DATA				Back   Same Res'v. Diff. Res'v.		
• • •		Oil Well Gas Well	New Well Workover	Deepen Plug	Back   Same Res'v. Diff. Res'v.		
	Designate Type of Completion	n - (X)	X	1			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	Р.В.	T.D.		
	10-05-74	11-26-74	72321		241		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Out/Gas Pay	Tubi	ng Depth		
	6172' GL	Dakota	6960		64'		
	Perforations			Dept	h Casing Shoe		
	) -	092', 7117', 7126', 715	6' and 7170'		321		
	, 0500 , 0570 , 7000 , 7	TUBING, CASING, AN	D CEMENTING RECOR	)			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CEMENT		
	13 3/4"	9 5/8''	2321	22	4 cu. ft.		
	8 3/4"	711	2958'	·	<del>3 cu. ft</del>		
	6 1/4"	4 1/2"	72321		9 cu. ft.		
	0 1/4	1 1/2"	7164	<b>A</b>	bing		
v	Test must be after recovery of total volume of load oil and must be equal to or exceed top allow						
٧.	OIL WELL	able for this d	lepth of be for full 24 hours				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow	page, Tis tijt, etc.	•		
			1-1-18-	<del>*}</del>	ke Size		
	Length of Test	Tubing Pressure	Casing Present	్∕ I cho	- U144		
			1 2 2 3	-	-MCF		
	Actual Prod. During Test	Oil-Bbls.	Water - Bale.		- (HQ1		
	'						

GAS WELL Gravity of Condensate Bbls. Condensate/XXX 3 hours Actual Prod. Test-MCF/D Length of Test 57.2 API 10 44 Casing Pressure (Shut-in) 2954 3 hours
Tubing Pressure (shut-in) Choke Size Testing Method (pitot, back pr.) Calc. A.O.F. 3/4" Variable 2482 2332

## 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.

A. B. Buses						
(Signature)						
Drilling Clerk						
(Title)						
December 6, 1974						
(Date)						

OIL CONSERVATION COMMISSION

APPROVED_		DEC 12 1974			
B Original	Signed by	SUPERVIS	Arnold	#3	
TITLE		SUPERVID	OIL DEDUC		

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 multiply completed wells.