

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-70

NAME	
FILE	
DATE	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-5 Unit	Well No. 38A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State/Federal/ot Fee SF	Lease No. 079521
Location Unit Letter 0 : 845 Feet From The South Line and 1610 Feet From The East Line of Section 32 Township 28-N Range 5-West, NMPM, Rio Arriba County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 289, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corp.	P.O. Box 90, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 0 32 28N SW
Is gas actually connected?	When

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

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 9-21-80	Date Compl. Ready to Prod. 2-11-81	Total Depth 5946'	P.B.T.D. 5925'					
Elevations (DF, RAB, RT, CR, etc.) 6487' GL	Name of Producing Formation Mesa Verde	Top of Gas Pay 4983	Tubing Depth 5770'					
5490, 5496, 5500, 5505, 5514, 5520, 5526, 5537, 5550, 5570, 5578, 5584, 5590, 5603, 5610		Depth Casing Shoe 5946'						
5627, 5632, 5720, 5736, 5815, 4983, 4987, 5000, 5013, 5024, 5044, 5061, 5066, 5086, 5112								
5118, 5124, 5214, 5290, 5436, 5441'								

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	238'	224 cf.
8 3/4"	7"	3662'	274 cf.
6 1/4"	4 1/2" Liner	3487-5946'	430 cf.
	2 3/8"	5770'	

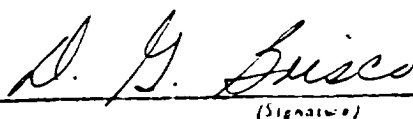
TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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 3843	Length of Test 3 hours	Sble. Condensate/MACF	Gravity of Condensate
Testing Method (flow, back pr.) Clac. A.O.F.	Tubing Pressure (Shut-in) 814	Casing Pressure (Shut-in)	Choke Size 3/4 variable

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
above is true and complete to the best of my knowledge and belief.
(Signature)

Drilling Clerk

(Title)

February 23, 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 27 1981, 19

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

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 allow-
able 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