

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REGISTRATION OFFICE	
DISTRIBUTION	
LEASES	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

Corrected Copy REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator El Paso Natural Gas Company

Address P.O. Box 289, Farmington, NM 87401

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

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

DESCRIPTION OF WELL AND LEASE

Lease Name <u>San Juan 28-7 Unit</u>	Well No. <u>257E</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>SF</u>	Lease No. <u>078497</u>
Location				
Unit Letter <u>0</u> : <u>900</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>East</u>				
Line of Section <u>19</u> Township <u>28-N</u> Range <u>7-W</u> , N.M.P.M., <u>Rio Arriba</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>P.O. Box 289, Farmington, NM 87401</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>P.O. Box 289, Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Unit : <u>0</u> Sec. : <u>19</u> Twp. : <u>28-N</u> Rge. : <u>7-W</u> Is gas actually connected? : When

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

COMPLETION DATA

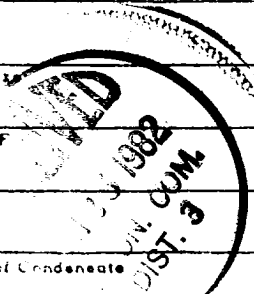
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>10-13-81</u>	Date Compl. Ready to Prod. <u>11-30-81</u>	Total Depth <u>7333'</u>	P.B.T.D. <u>7324'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>6234' GL</u>	Name of Producing Formation <u>Dakota</u>	Top Oil/Gas Pay <u>7266'</u>	Tubing Depth <u>7252'</u>					
<u>7088, 7094, 7100, 7106, 7214, 7219, 7248, 7266, 7271, 7276, 7286' W/1 SPZ.</u>			Depth Casing Shoe <u>7333'</u>					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 1/4"</u>	<u>9 5/8"</u>	<u>216'</u>	<u>130 cf.</u>					
<u>8 3/4"</u>	<u>7"</u>	<u>3078'</u>	<u>344 cf.</u>					
<u>6 1/4"</u>	<u>4 1/2"</u>	<u>7333'</u>	<u>653 cf.</u>					
	<u>1 1/2"</u>	<u>7252'</u>						

TEST DATA AND REQUEST FOR ALLOWABLE CIL 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 <u>487</u>	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in) <u>2410</u>	Casing Pressure (shut-in) <u>2410</u>	Choke Size



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.

A. G. Duises
(Signature)

Drilling Clerk

(Title)

January 21, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 25 1982 19
Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

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 Form C-104 must be filed for each pool in multiply