

OIL CONSERVATION DIVISION

Form C-104
Revised 10-1-70P. O. BOX 2000
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

El Paso Natural Gas Company

P.O. Box 289, Farmington, New Mexico 87401

Reason(s) for filing (check proper box)

New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
San Juan 28-7 Unit	219E	Basin Dakota	State, Federal or Fee SF	078497-A
Location				
Unit Letter	D	790 Feet From The	North	Line and 1190 Feet From The
Line of Section		20	Township	28-N
Range		7-W	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)				
El Paso Natural Gas Company		P.O. Box 289, Farmington, NM 87401				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	meter
	D	20	28-N	7-W		

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 as prev.	Diff. as prev.
		X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
6-25-81	11-11-81		7412'		7405'			
Locations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Gas Pay		Tubing Depth			
6270' GL	Dakota		7167'		7364'			
					Depth Casing Shoe			
					7412'			

7167, 7133, 7178, 7193, 7198, 7203, 7271, 7301, 7306, 7311, 7337, 7372' W/1 SPZ.

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	315'	188 cf.
8 3/4"	7"	3217'	402 cf.
6 1/4"	4 1/2"	7412'	650 cf.
	1 1/2"	7364'	

TEST DATA AND REQUEST FOR ALLOWABLE
ON 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)

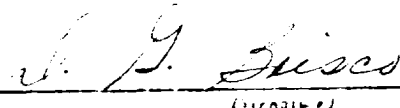
First Flow Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Test Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1120			
Testing Method (Flow, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size
	1520	1690	

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 is true and complete to the best of my knowledge and belief.



Drilling Clerk

November 20, 1981

OIL CONSERVATION DIVISION

APPROVED **NOV 30 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 production 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, or IV for changes of owner, well name or number, or terms, etc. or other such change of condition.

Revised Form C-104 must be filed for use and in multiple copies.