

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

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

Operator  
El Paso Natural Gas CompanyAddress  
P.O. Box 289, Farmington, NM 87401

Reason(s) for filing (check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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 San Juan 28-6 Unit	Well No. 223	Pool Name, including Formation Blanco Pic. Cliffs	Kind of Lease State, Federal or Fee	Lease No. SF 079192
Location Unit Letter B ; 880 Feet From The North Line and 1840 Feet From The East Line of Section 17 Township 28-N Range 6-W , NMPM, Rio Arriba County				

## 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, NM 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, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. B 17 28-N 6-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 <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 6-13-81	Date Compl. Ready to Prod. 8-19-81	Total Depth 3854'	P.B.T.D. 3845'					
Elevations (DF, RAB, RT, GR, etc.) 6807' GL	Name of Producing Formation Pic. Cliffs	Top Oil/Gas Pay 3645'	Tubing Depth tubingless					
3645, 3650, 3665, 3670, 3675, 3689, 3694, 3699' W/1 SPZ.			Depth Casing Shoe 3854'					
HOLE SIZE 12 1/4" 6 3/4"	CASING & TUBING SIZE 8 5/8" 2 7/8"	DEPTH SET 132' 3854'	SACKS CEMENT 106 cf. 629 cf.					
Tubingless Completion								

## TEST DATA AND REQUEST FOR ALLOWABLE (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 2779	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (spot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in) 1075	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.



Drilling Clerk

(title)

May 5, 1982

(date)

## OIL CONSERVATION DIVISION

APPROVED MAY 1982, 19

BY 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 Forms C-104 must be filed for each pool in multiply completed wells.