

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
JAN 31 1984
OIL CON. DIV.
DIST. 3

I. Operator El Paso Natural Gas

Address Box 4289, Farmington, New Mexico, 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> 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

Other (Please explain) _____

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>San Juan 28-7 Unit</u>	Well No. <u>266</u>	Pool Name, including Formation <u>S. Blanco PC Ext.</u>	Kind of Lease State, Federal or Fee	Lease No. <u>SF 078497</u>
Location				
Unit Letter <u>M</u>	: <u>1025</u>	Feet From The <u>South</u>	Line and <u>1070</u>	Feet From The <u>West</u>
Line of Section <u>9</u>	Township <u>28N</u>	Range <u>7W</u>	, NMPM, <u>Rio Arriba</u> Count	

III. 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</u>	<u>Box 4289, Farmington, New Mexico, 87499</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas</u>	<u>Box 4289, Farmington, New Mexico, 87499</u>
If well produces oil or liquids, give location of tanks.	is gas actually connected? When
<u>M</u> <u>9</u> <u>28N</u> <u>7W</u>	<u>NO</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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.

A. G. Suiss
(Signature)

Drilling Clerk
(Title)

January 27, 1984
(Date)

2-1-84 OIL CONSERVATION DIVISION
APPROVED FEB 01 1984
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 deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all 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 multi-completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded 12-1-83			X	X					
Date Compl. Ready to Prod. 1-23-84		Total Depth 3502'		P.B.T.D. 3479'					
Elevations (DF, RKB, RT, GR, etc.) 6692'GL		Name of Producing Formation Pictured Cliffs		Top Gas Pay 3389		Tubing Depth None			
Perforations 3389, 3395, 3401, 3416, 3422, 3428, 3432 w/1 Spz.						Depth Casing Shoe 3502'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	133'	100 cu. ft.
6 3/4"	2 7/8"	3489'	548 cu. ft.

V. 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	Length of Test Shut In - 7 days	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 928	Choke Size