

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

**I. Operator**  
El Paso Natural Gas Company

**Address**  
P. O. Box 4289, Farmington, NM 87499

**Reason(s) for filing (Check proper box)**

<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Dry 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

<b>Lease Name</b> San Juan 28-7 Unit	<b>Well No.</b> 191E	<b>Pool Name, Including Formation</b> Basin Dakota	<b>Kind of Lease</b> State, (Federal) or Fee	<b>Lease No.</b> SF 078498
<b>Location</b>				
Unit Letter <u>A</u> : <u>1010</u> Feet From The <u>North</u> Line and <u>320</u> Feet From The <u>East</u>				
Line of Section <u>33</u> Township <u>28N</u> Range <u>7W</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

<b>Name of Authorized Transporter of Oil</b> <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	<b>Address (Give address to which approved copy of this form is to be sent)</b>
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
<b>Name of Authorized Transporter of Casinghead Gas</b> <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	<b>Address (Give address to which approved copy of this form is to be sent)</b>
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
<b>If well produces oil or liquids, give location of tanks.</b>	<b>Is gas actually connected?</b>
Unit <u>A</u> Sec. <u>33</u> Twp. <u>28N</u> Rge. <u>7W</u>	No

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.

Peggy Dosh  
(Signature)  
Drilling Clerk  
(Title)  
9-24-85  
(Date)

10-15-85 OIL CONSERVATION DIVISION  
APPROVED OCT 15 1985  
BY Frank J. Dosh  
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 deeper well, this form must be accompanied by a tabulation of the deviat. tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own 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'
			X	X					
Date Spudded 8-11-85	Date Compl. Ready to Prod. 9-23-85		Total Depth 7174'			P.B.T.D. 7167'			
Elevations (DF, RKB, RT, GR, etc.) 6040' GL	Name of Producing Formation Basin Dakota		Top Oil/Gas Pay 6898'			Tubing Depth 7145'			
Perforations 6898, 6901, 6914, 6917, 6920, 6923, 6926, 6929, 7021, 7024, 7027, 7030, 7033, 7036, 7058, 7075, 7087, 7091, 7120, 7123, 7152, 7155, 7158, 7161, 7164 w/1 SPZ.						Depth Casing Shoe 7174'			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		9 5/8"		220'		183 cu ft			
8 3/4"		7"		3007'		398 cu ft			
6 1/4"		4 1/2"		7174'		643 cu ft			
		1 1/2"		7145'					

#### V. 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 2587	Length of Test 3 Hrs.	Bbls. Condensate/MMCF 407 MCF	Gravity of Condensate 0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 2252	Casing Pressure (Shut-in) 2561	Choke Size 3/4"