

4

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FILE  
U.S.G.S.  
LAND OFFICE  
TRANSPORTER  
OIL  
GAS  
OPERATOR  
PRORATION OFFICE

2

Operator  
El Paso Natural Gas Co.  
Address  
P. O. Box 990, Farmington, New Mexico 87401  
Reason(s) for filing, (Check proper box)  
New Well  
Recompletion  
Change in Ownership  
Change in Transporter of:  
Oil  
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  
San Juan 29-6 Unit NP  
Well No.  
94  
Pool Name, Including Formation  
Basin Dakota  
Kind of Lease  
State, Federal or Fee  
Location  
Unit Letter  
M  
Feet From The  
1060  
South Line and  
1190  
Feet From The  
West  
Line of Section  
16  
Township  
29  
Range  
6  
NMPM, 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)  
Name of Authorized Transporter of Casinghead Gas  
or Dry Gas  
Address (Give address to which approved copy of this form is to be sent)  
If well produces oil or liquids,  
give location of tanks.  
Unit  
Sec.  
Twp.  
Rge.  
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  
Gas Well  
New Well  
Workover  
Deepen  
Plug Back  
Same Res'y.  
Diff. Res'y.  
Date Spudded  
Date Compl. Ready to Prod.  
Total Depth  
P.B.T.D.  
Pool  
Name of Producing Formation  
Top Oil/Gas Pay  
Tubing Depth  
Perforations  
Depth Casing Shoe  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE  
CASING & TUBING SIZE  
DEPTH SET  
Installed stop cock turned back on production  
8-6-69  
2  
SACKS CEMENT

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  
Bbls. Condensate/MMCF  
Gravity of Condensate  
Testing Method (pitot, back pr.)  
Tubing Pressure  
Casing Pressure  
Choke Size

CERTIFICATE OF COMPLIANCE  
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  
Clayton R. Smart  
Production Engineer  
May 15, 1969  
OIL CONSERVATION COMMISSION  
APPROVED  
BY  
Original Signed by Emery C. Arnold  
TITLE  
SUPERVISOR DIST. #9  
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 Sections I, II, III, and VI only 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.