

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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PROMOTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
JAN 21 1986
OIL CON. DIV.
DIST. 3

I.

Operator El Paso Natural Gas Company	
Address P. O. Box 4289, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
☒ New Well ☐ Recompletion ☐ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-7 Unit	Well No. 85A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, (Federal) or Fee	Lease No. SF 078945
Location Unit Letter <u>C</u> : <u>970</u> Feet From The <u>North</u> Line and <u>1840</u> Feet From The <u>West</u> Line of Section <u>1</u> Township <u>29N</u> Range <u>7W</u> NMPM. Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

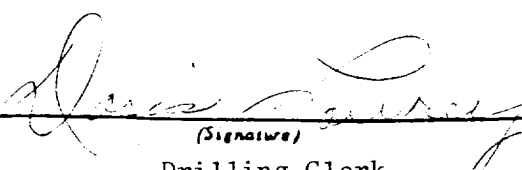
Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit : <u>C</u> Sec. : <u>1</u> Twp. : <u>29N</u> Rge. : <u>7W</u> Is gas actually connected? <u>No</u> When

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.


(Signature)
Drilling Clerk
(Title)
1-20-86
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB - 3 1986
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 deeper well, this form must be accompanied by a tabulation of the deviate 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.	Drill Re
			X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
12-16-85	1-17-86		6360'		6346'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
6832' GL	Blanco Mesa Verde		5504'		6295'				
Perforations							Depth Casing Shoe		
6073, 6104, 6121, 6142, 6161, 6166, 6192, 6216, 6242, 6272, 6281, 6302,							6360'		
* Continued Perf's listed below									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		9 5/8"		228'		138 cu ft			
8 3/4"		7"		4020'		401 cu ft			
6 1/4"		4 1/2" Liner		3869-6360'		433 cu ft			
		2 3/8" Tbg		6295'					

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 oil available 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/MCF	Gravity of Condensate
	SI 7 Days		
Testing Method (plot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size
	SI 10	SI 865	

* Continued Perf's:

w/1 SPZ. 2nd stage 5504, 5511, 5539, 5553, 5562, 5570, 5715, 5783, 5915, 5921, 5927, 5933, 5946, 5955, 5961, 5967, 5973, 5979, 5985, 5991, 5997, 6003, 6009, 6015, 6021 w/1 SPZ.