

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT--" for such proposals.)

3. LEASE DESIGNATION AND SERIAL NO.

SF 077842

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

San Juan 29-7 Unit

8. FARM OR LEASE NAME

San Juan 29-7 Unit

9. WELL NO.

102R

10. FIELD AND POOL, OR WILDCAT

Blanco Mesa Verde

11. SEC., T., R., M., OR BLK. AND

SURVEY OR AREA  
Sec. 15, T-29-N, R-7 -W  
N.M.P.M.

12. COUNTY OR PARISH 13. STATE

Rio Arriba NM

RECEIVED

14. PERMIT NO.

SEP 10 1986

15. ELEVATIONS (Show whether DP, RT, OR, etc.)

6261'GL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDISE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDISING

ABANDONMENT\*

(Other)

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) \*

The name of this well was changed from the San Juan 29-7 Unit #108 to the San Juan 29-7 Unit #102R per the attached C-104.

18. I hereby certify that the foregoing is true and correct

SIGNED

*Reggie Deak*

TITLE

Drilling Clerk

ACCEPTED FOR RECORD

09-09-86

(This space for Federal or State office use)

APPROVED BY

TITLE

SEP 11 1986

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

BY *Jmn*

\*See Instructions on Reverse Side

NMOCO

NEW MEXICO OIL CONSERVATION COMMISSION  
**REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
 Supersedes Old C-104 and C-110  
 Effective 1-1-65

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

**I. Operator**  
 El Paso Natural Gas Company  
 Address  
 P. O. Box 990, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Change Name from San Juan 29-7 Unit No. 108
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>San Juan 29-7 Unit</b>	Well No. <b>102R</b>	Pool Name, including Formation <b>Blanco Mesa Verde</b>	Kind of Lease State (Federal) or Fee	Lease No. <b>SF077842</b>
Location Unit Letter <b>K</b> ; <b>1840</b> Feet From The <b>S</b> Line and <b>1550</b> Feet From The <b>W</b>				
Line of Section <b>15</b> Township <b>29N</b> Range <b>7W</b> , NMPM, <b>Rio Arriba</b> County				

**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)			
<b>El Paso Natural Gas Company</b>	<b>P. O. Box 990, Farmington, NM 87401</b>			
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)			
<b>El Paso Natural Gas Company</b>	<b>P. O. Box 990, Farmington, NM 87401</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>K</b>	Sec. <b>15</b>	Twp. <b>29N</b>	Rge. <b>7W</b>
	Is gas actually connected?		When	

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

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			