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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
PRORATION OFFICE		

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

* Corrected Copy

Operator El Paso Natural Gas Company	
Address PO Box 990, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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 <input type="checkbox"/>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lease Name	San Juan 29-7 Unit	10 4	Undes. Pictured Cliffs	State (Federal) or Fee	SF 078503-A
Location					
Unit Letter	N 1/4	1170	Feet From The	South	Line and 1120
Line of Section		30	Township	29N	Range 7W
					NMPM, * Rio Arriba
					County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	El Paso Natural Gas Company	PO Box 990, Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	El Paso Natural Gas Company	PO Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 30	Twp. 29N
			Rge. 7W
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		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)			X	X					
Date Spudded	5-1-73	Date Compl. Ready to Prod.	7-2-73	Total Depth	3066'				
Elevations (DF, RKB, RT, GR, etc.)	6294'GL	Name of Producing Formation	Pictured Cliffs	Top Oil/Gas Pay	2948'				
Perforations	2948-58' and 2975-95'		P.B.T.D. 3056'						
				Tubing Depth		tubingless			
				Depth Casing Shoe		3066'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8"		122'		107 cu. ft.			
6 3/4"		2 7/8"		3066'		325 cu. ft.			
		tubingless							

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.	Gas-Bbls.	Gas-MCF

GAS WELL		Length of Test		Gravity of Condensate	
Actual Prod. Test-MCF/D	1080	3 hrs.			
Testing Method (pilot, back pr.)	Calc. AOF	Tubing Pressure (Shut-in)		Choke Size	
		tubingless		3/4"	
		Casing Pressure (Shut-in)		1072	

VI. 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.

Drilling Clerk

July 18, 1973

OIL CONSERVATION COMMISSION
JUL 26 1973
APPROVED _____, 19____
BY _____
Original signed by Emery C. Arnold
SUPERVISOR DIST. #3
TITLE _____

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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multiple-completed wells.