NO. OF COPIES REC	5			
DISTRIBUTE		<u> </u>		
SANTA FE FILE U.S.G.S.		7		
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LAND OFFICE		L		
IRANSPORTER	CIL			
THANSFORTER	GAS	1	Ì	
OPERATOR		/		
PRORATION OFFICE		<u> </u>		

-	DISTRIBUTION , SANTA FE , FILE	REQUEST FO	NSERVATION COMMISSIC OR ALLOWABLE AND	Supersedes Old C-104 and C-110 Effective 1-1-65		
	U.S.G.S. LAND OFFICE TRANSPORTER CIL / GAS / G	AUTHORIZATION TO TRAN	SPORT OIL AND NAT	JRAL GAS		
1.	PRORATION OFFICE Operator					
	El Paso Natural Gas Company					
	PO Box 990, Farmington, NM					
Reason(s) for filing (Check proper box) Other (Please explain)						
	New Well X	Change in Transporter of: Oil Dry Gas				
1	Change in Ownership	Casinghead Gas Condense	ate			
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including For	mation Kin	d of Lease No.		
	San Juan 29-7 Unit	105 Basin Dakota	l.a	e) Federal or Fee E 5114-4		
	Location	Feet From The North Line		eet From TheEast		
	26	nship 29N Range	7W , NMPM,	Rio Arriba County		
H.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (otto bosto to	tich approved copy of this form is to be sent)		
	El Paso Natural Gas	s Company	PO Box 99 Address (Give address to wi	0. Farmington, NM 87401 nich approved copy of this form is to be sent)		
	El Paso Natural Ga	s Company		0, Farmington, NM 87401		
	If well produces oil or liquids, A 36 29N 7W					
	If this production is commingled with	h that from any other lease or pool, g		D. L. Dutt Dantu		
17.	Designate Type of Completio		New Well Workover I	Deepen Plug Back Same Resty. Diff. Resty.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	5-30-73	8-11-73	7777'	7769'		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Dakota	Top XI/Gas Pay 7526'	7743'		
	6432'GL Perforations 7526', 7528', 75	338', 7540', 7638', 7640',	7682', 7684'	Depth Casing Shoe		
	7705', 7712', 7715	', 7734', 7736', 7756' and '	1130			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	13 3/4"	9 5/8"	216' 3597'	225 cu. ft. 272 cu. ft.		
	8 3/4"	4.1/2"	7777'	638 cu. ft.		
	6 1/4"	1 1/2"	7743'	tubing		
V	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 able for this depth or be for full 24 hours)					
	OIL WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, p	ump, gas lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Chok sing 5		
		Oil-Bbls.	Water-Bbls.	Gas MCF		
	Actual Prod. During Test	Oll • Bb.s.		AUG 84 973		
				OIL CON. COM.		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Compensate 3		
	3633	3 hours Tubing Pressure (Shut-in)	Casing Pressure (Shut-1:	Choke Size		
	Testing Method (pitot, back pr.) Calc. AOF	Tubing Pressure (Shut-14)	2727'	3/4"		
VI	. CERTIFICATE OF COMPLIAN	CE	OIL CO	NSERVATION COMMISSION		
٠.			APPROVED			
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.		By Original Signed by Emery C. Arnold				
	Drilling Clerk (Title) August 24, 1973		TITLE SUPERVISOR DIST. #3			
			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.			
			tests taken on the wi	als form must be filled out completely for allow		
			able 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 condition well name forms C-104 must be filed for each pool in multiple			

Separate Forms C-104 must be filed for each pool in multiply completed wells.