

NO. OF COPIES RECEIVED	NEW MEXICO OIL CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65
DISTRIBUTION	REQUEST FOR ALLOWABLE	
SANITARY	AND	
FILE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

API 30-039-21332

Operator EL PASO NATURAL GAS CO.	
Address BOX 289, FARMINGTON, NEW MEXICO	
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			
Lease Name SAN JUAN 29-7 UNIT	Well No. 111	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee SF
Lease No. 078503			
Location			
Unit Letter K	: 2110 Feet From The	S Line and 1395' Feet From The	W
Line of Section 31	Township 29N	Range 7W	, NMPM, Rio Arriba County

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)		
EL PASO NATURAL GAS CO.	BOX 289, FARMINGTON, NEW MEXICO		
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)		
EL PASO NATURAL GAS CO.	BOX 289, FARMINGTON, NEW MEXICO		
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 31	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: _____

COMPLETION DATA									
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.	
		X	X						
Date Spudded 9/6/78	Date Compl. Ready to Prod. 11/29/78	Total Depth 7829'				P.B.T.D. 7812'			
Elevations (DF, RKB, RT, GR, etc.) 6642' GL	Name of Producing Formation DK	Top Gas /Gas Pay 7591'				Tubing Depth 7771'			
Perforations 7591, 7598, 7606, 7614, 7622, 7719, 7725, 7768, 7774, 7780, 7787, 7794, 7800, 7811 with 1 SPZ.						Depth Casing Shoe 7829'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
13 3/4"	9 5/8"		218'		224 cf.				
8 3/4"	7"		3605'		278 cf.				
6 1/4"	4 1/2"		7829'		650 cf.				
	1 1/2"		7771'		tubing				

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 (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
	2472	2522	

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED <u>DEC 15 1978</u> , 19____	
BY <u>D. G. Brises</u> (Signature)		BY <u>Original Signed by A. R. Kendrick</u>	
Drilling Clerk (Title)		TITLE <u>SUPERVISOR DIST. 3</u>	
12/5/78 (Date)		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 condition.	
		Separate Forms C-104 must be filed for each pool in multiply completed wells.	