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U.F.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	
PRODUCTION 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-105
Effective 1-1-65

Operator EL PASO NATURAL GAS CO.	
Address BOX 990, FARMINGTON, NEW MEXICO	
Reason(s) for filing (Check proper box)	
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 _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name SAN JUAN 29-7 Unit	Well No. Pool Name, including Formation 88A (NW) Blanco Mesa Verde	Kind of Lease State, Federal or Fee SF	Lease No. 078943
Location			
Unit Letter C ; 1050 Feet From The North Line and 900 Feet From The West			
Line of Section 6 Township 29N Range 7W , NMPM, Rio Arriba County			

II. 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 990, 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 990, FARMINGTON, NEW MEXICO
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. C 6 29N 7W
Is gas actually connected?	When

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

III. 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 8/5/78	Date Compl. Ready to Prod. 8/31/78	Total Depth 5630'		P.B.T.D. 5613'				
Elevations (DF, RKB, RT, GR, etc.,) 6176' GL	Name of Producing Formation MV	Top Oil/Gas Pay 4625'		Tubing Depth 5572'				
Perforations 4625, 4664, 4676, 4743, 4748, 4753, 4759, 4769, 4776, 4795, 4803, 4836, 4885, 4928, 4963, 5000, 5138 w/1SPZ. 5196, 5209, 5215, 5221, 5227, 5233, 5239, 5245, 5252, 5258, 5275, 5293, 5325, 5337, 5369, 5409, 5426, 5474, 5490, 5538, 5545, 5560, 5567, 5586 w/1 SPZ.		Depth Casing Shoe 5630'						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
13 5/4"	9 5/8"	226'		248 cf.				
8 5/4"	7"	3287'		310 cf.				
6 1/4"	4 1/2" liner	5630'		435 cf.				
	2 3/8"	5572'		tubing				

IV. 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) 809	Casing Pressure (Shut-in) 856	Choke Size

V. 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.

A. G. Duico
(Signature)
Drilling Clerk
(Title)
9/13/78
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Original Signature _____
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 condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.