

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

DISTRIBUTION	
SANTA FE	
FILL	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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 \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name SAN JUAN 29-7 Unit #78A	Well No. Pool Name, Including Formation BLANCO MESA VERDE	Kind of Lease State, <u>Federal</u> or Fee	Lease No. SF 078503A
Location Unit Letter <u>C</u> : 820 Feet From The <u>N</u> Line and 1180 Feet From The <u>W</u>			
Line of Section <u>30</u> Township <u>29N</u> Range <u>7W</u> , NMPM, Rio Arriba 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)
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 Sec. Twp. Rge. <u>C</u> <u>30</u> <u>29N</u> <u>7W</u>
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 Resrv.	Diff. Resrv.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 9/9/78	Date Compl. Ready to Prod. 11/20/78	Total Depth 5686'	P.B.T.D. 5669'					
Elevations (DF, RKB, RT, GR, etc.) 6349' GL	Name of Producing Formation MV	Top Oil/Gas Pay 4629'	Tubing Depth 5589'					
Perforations 4629, 4635, 4641, 4662, 4670, 4675, 4722, 4734, 4740, 4746, 4770, 4781, 4788, 4928, 4993, 5001, 5008, 5014, 5022, 5102, w/1SPZ, 5193, 5200, 5207, 5213, 5219, 5239, 5252, 5259, 5267, 5273, TUBING, CASING, AND CEMENTING RECORD 5287, 5293, 5321, 5334, 5389, 5404, 5423, 5471, HOLE SIZE 5514, 5541, CASING & TUBING SIZE 5552, 5605 DEPTH SET w/1SPZ		SACKS CEMENT						
13 3/4"	9 5/8"	216'	224 cf.					
8 3/4"	7"	3364'	288 cf.					
6 1/4"	4 1/2" liner	3194-5686'	431 cf.					
	2 3/8"	5589'	tubing					

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.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pistol, back pr.)	Tubing Pressure (Shut-in) 457	Casing Pressure (Shut-in) 977	Choke Size

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.

D. G. Brisson  
(Signature)

Drilling Clerk

(Title)

12/1/78

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY Original Signed by: [Signature] 11/1/78

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.