

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF APPLICANTS	
DISTRIBUTION	
TAXIAEE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

Operator
El Paso Natural Gas Company

Address
P.O. Box 289, 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

Lease Name San Juan 29-7 Unit	Well No. 112M	Pool Name, including Formation Basin Dakota	Kind of Lease State/ Federal/ or Fee SF	Lease No. 078503
Location Unit Letter C : 790 Feet From The North Line and 1560 Feet From The West				
Line of Section 29 Township 29-N Range 7-W , N.M.P.M., 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 Company	P.O. Box 289, Farmington, NM 87401
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 Company	P.O. Box 289, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit C Sec. 29 Twp. 29-N Rge. 7-W	

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

COMPLETION DATA

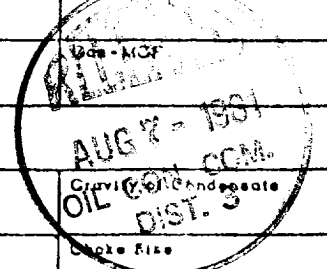
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 1-7-81	Date Compl. Ready to Prod. 7-29-81	Total Depth 7635'		P.B.T.D. 7627'				
Elevations (DF, RKB, RT, GR, etc.) 6378' GL	Name of Producing Formation Dakota	Top Gas Pay 7357'		Tubing Depth 7526'				
7357, 7365, 7371, 7377, 7383, 7389, 7395, 7481, 7506, 7523, 7528, 7548, 7555, 7566, 7572'						Depth Casing Shoe 7635'		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		232'		279 cf.			
12 1/4"	9 5/8"		3498'		850 cf.			
8 3/4"	7"		3344-5881'		625 cf.			
6 1/4"	4 1/2"	1 1/2"	5775-7635'		5683'	325 cf.		

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 1	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Water-Bble.	

GAS WELL

Actual Prod. Test-MCF/D 1235	Length of Test 3 hours	Bble. Condensate/MCF	Choke Size
Testing Method (pilot, back pr.) Calc. A.O.F.	Tubing Pressure (Shot-in) 2121	Casing Pressure (Shot-in)	Choke Size



CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

D. G. Luises
(Signature)
Drilling Clerk
(Title)
July 29, 1981
(Date)

OIL CONSERVATION DIVISION
NOV 18 1981

APPROVED _____
BY _____
TITLE **DEPUTY OIL & GAS INSPECTOR, 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.
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 lease; or for other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.