

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

REGISTRATION	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
LAND OFFICE	

El Paso Natural Gas Company

Address

P.O. Box 289, Farmington, NM 87401

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
San Juan 29-7 Unit	110M	Basin Dakota	State, Federal or Fee SF	078503
Location				
Unit Letter	I	1850	Feet From The	South
		Line and	1000	Feet From The
		East		
Line of Section	31	Township	29-North	Range
		7-West	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 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.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	31	29-N	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.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
1-20-81	8-3-81	7850	7841					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Gas/Gas Pay	Tubing Depth					
6648' GL	Dakota	7602'	5928'					
7602, 7609, 7616, 7623, 7630, 7637, 7703, 7738, 7765, 7779, 7786, 7793, 7800'			Depth Casing Shoe					
			7850'					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	238'	278 cf.					
12 1/4"	9 5/8"	3730'	847 cf.					
8 3/4"	7"	3559-6139'	646 cf.					
6 1/2"	4 1/2"	2 3/8"	6073-7850'	7759'	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	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 - Bbls.

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravimetric
1465	3 hours		
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Calc. A.O.F.	826		

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.
(Signature)

Drilling Clerk

(Title)

August 5, 1981

(Date)

OIL CONSERVATION DIVISION

AUG 13 1981

APPROVED _____, 19 _____

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 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 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.Separate Form C-104 must be filed for each pool in multiply
completed wells.