

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
El Paso Natural Gas Company

Address
PO Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please specify)
<input type="checkbox"/> 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

RECEIVED

APR 09 1985

If change of ownership give name and address of previous owner _____

OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>San Juan 29-7 Unit</u>	Well No. <u>77E</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State, (Federal) or Fee <u>SF</u>	Lease No. <u>078514</u>
Location Unit Letter <u>A</u> : <u>1190</u> Feet From The <u>North</u> Line and <u>1140</u> Feet From The <u>East</u>				
Line of Section <u>33</u> Township <u>29N</u> Range <u>7W</u> , NMPM, <u>Rio Arriba</u> 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)
<u>El Paso Natural Gas Company</u>	<u>PO Box 990, Farmington, NM 87499</u>
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)
<u>El Paso Natural Gas Company</u>	<u>PO Box 990, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>A</u> Sec. <u>33</u> Twp. <u>29N</u> Rge. <u>7W</u>	<u>no</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)

Drilling Clerk
(Title)

April 2, 1985
(Date)

OIL CONSERVATION DIVISION

4-16-85
APPROVED APR 15 1985

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 deepens well, this form must be accompanied by a tabulation of the deviatio 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 Forms C-104 must be filed for each pool in multipl: completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-24-85	Date Compl. Ready to Prod. 3-18-85		X	X					
		Total Depth 7750'			P.B.T.D. 7740'				
Elevations (DF, RKB, RT, GR, etc.) 6489' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay XXX 7503'			Tubing Depth 7703'				
Perforations 7503', 7506', 7510', 7520', 7522', 7524', 7530', 7534', 7539'		Depth Casing Shoe 7739'							
7555', 7588', 7593', 7615', 7618', 7621', 7626', 7650', 7655', 7666'		TUBING, CASING, AND CEMENTING RECORD 7732', 7737' w/1 spz							
7678', 7682', 7688', 7708'									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	9 5/8"		320'		188 cu. ft.				
8 3/4"	7"		3595'		543 cu. ft.				
6 1/4"	4 1/2"		7749'		634 cu. ft.				
	1 1/2"		7703'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 2214	Length of Test 3 hrs	Bbls. Condensate/MMCF --	Gravity of Condensate --
Testing Method (pilot, back pr.) back pr	Tubing Pressure (Shut-in) 2695	Casing Pressure (Shut-in) 2651	Choke Size 3/4"