

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

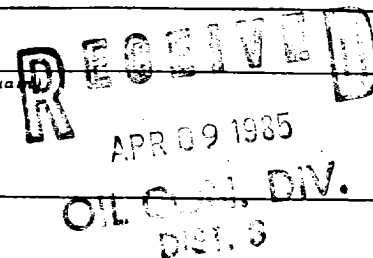
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 explain)
<input type="checkbox"/> 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	



If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-7 Unit	Well No. 30E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. 078425
Location Unit Letter <u>H</u> : <u>1575</u> Feet From The <u>North</u> Line and <u>510</u> Feet From The <u>East</u> Line of Section <u>35</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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 90, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 90, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 35	Twp. 29N	Rge. 7W	Is gas actually connected? no	When

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)
March 25, 1985
(Date)

OIL CONSERVATION DIVISION
4-16-85
APPROVED
Original Signed by FRANK T. CHAVEZ
BY
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 deviated 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 multiple 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.
			X	X					
Date Spudded 2-2-85	Date Compl. Ready to Prod. 3-19-85	Total Depth 8072'				P.B.T.D. 8063'			
Elevations (DF, RKB, RT, GR, etc.) 6811' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 7846'				Tubing Depth 8017'			
Perforations 7846', 7850', 7855', 7858', 7861', 7864', 7868', 7875', 7877', 7953', 7956', 7959', 7963', 7966', 7998', 8002', 8026', 8030', 8035' w/1 spz						Depth Casing Shoe 8072'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		419 SACKS CEMENT			
12 1/4"		9 5/8"		408'		330 cu. ft.			
8 3/4"		7"		5968'		707 cu. ft.			
6 1/4"		4 1/2"		8072'		701 cu. ft.			
		1 1/2"		8017'					

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 542 MCF/D 3618	Length of Test 3 hrs.	Bbls. Condensate/MMCF --	Gravity of Condensate --
Testing Method (flow, back pr.) Flowing	Tubing Pressure (Shut-in) 2366	Casing Pressure (Shut-in) 2627	Choke Size 3/4"