

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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 P. O. Box 4289, Farmington, NM 87499		
Reason(s) for filing (Check proper box)		Other (Please explain)
<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<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

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. 129	Pool Name, including Formation Basin Dakota	Kind of Lease (State, Federal or Fee)	Lease No. B-10037-58
Location Unit Letter <u>N</u> : <u>600</u> Feet From The <u>North</u> Line and <u>2010</u> Feet From The <u>West</u> Line of Section <u>16</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 Company	P. O. Box 4289, Farmington, NM 87499
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 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	N 16 29N 7W No

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)
Drilling Clerk
(Title)
9-24-85
(Date)

OIL CONSERVATION DIVISION

APPROVED  SEP 25 1985
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 deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells 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 conditions.
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'
			X	X					
Date Spudded 7-13-85	Date Compl. Ready to Prod. 9-20-85	Total Depth 7586'			P.B.T.D. 7580'				
Elevations (DF, RKB, RT, GR, etc.) 6320' GL	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 7369'			Tubing Depth 7555'				
Perforations 7369, 7372, 7375, 7378, 7381, 7384, 7387, 7396, 7399, 7408, 7411 7478, 7481, 7484, 7487, 7511, 7524, 7531, 7533, 7559 w/1 SPZ						Depth Casing Shoe 7586'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	9 5/8"		216'		130 cu ft				
8 3/4"	7"		3499'		436 cu ft				
6 1/4"	4 1/2"		7586'		644 cu ft				
	1 1/2"		7555'						

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 1601	Length of Test 3 Hrs.	Bbls. Condensate/MMCF 295 MCF	Gravity of Condensate 0
Testing Method (plug, back pr.) Back Pressure	Tubing Pressure (Shut-in) 2704	Casing Pressure (Shut-in) 2731	Choke Size 3/4"