STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION

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

RECEIVED
FEB 18 1986
OIL CON. DIV.
DIST. 3

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)
- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:
- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease
San Juan 29-7 Unit	106M	Blanco Mesa Verde	E-5111-4	

Location
Unit Letter C : 990 Feet From The North Line and 1650 Feet From The West

Line of Section 36 Township 29N Range 7W , NMPM. Rio Arriba Cou

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	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 [ ] or Dry Gas [X]	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
	C	36	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.

Peggy Cook
(Signature)

Drilling Clerk
(Title)

2-14-86
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 18 1986, 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 deep- well, this form must be accompanied by a tabulation of the devia tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for al able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condit

Separate Forms C-104 must be filed for each pool in mult completed wells.

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Res'v.	Diff.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12-11-85	2-13-86	7990'	7982'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6716' GL	Blanco Mesa Verde	5186'	6039'

Perforations	Depth Casing Shoe
(DK) 7767, 7770, 7773, 7776, 7784, 7787, 7790, 7805, 7808, 7879, 7882, * Continued Perf's listed below	7990'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	309'	425 cu ft
12 1/4"	9 5/8"	3874'	811 cu ft
8 3/4"	7" Liner	3719-6330'	659 cu ft
6 1/4"	4 1/2" Liner	6209-7990'	267 cu ft

** Continued Tubing Depths listed below.

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)

OIL WELL

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1735	SI 7 Days	216 MCF/D	0
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back Pressure	SI 625	SI 630	3/4"

* Continued Perf's:

7885, 7888, 7891, 7894, 7919, 7926, 7934, 7942, 7956 w/20 SPZ. 2nd stage (Lower Pt.) 5917, 5920, 5923, 5934, 5952, 5965, 5970, 5994, 6034, 6035, w/10 SPZ. 3rd stage (Mass. Pt.) 5698, 5703, 5708, 5713, 5718, 5723, 5728, 5733, 5738, 5759, 5767, 5772, 5777, 5782, 5787, 5792, 5808, 5816, 5829, 5837, 5850, 5857, 5872, 5878, w/24 SPZ. 4th stage (C.H.) 5186, 5260, 5274, 5280, 5285, 5290, 5296, 5317, 5324, 5330, 5352, 5434, 5486, 5494 w/14 SPZ.

** Continued Tubing Depth's:

1 1/2" 6039' (MV)
2 3/8" 7944' (DK)