

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

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

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

OIL CON. DIV.
DIST. 3

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)
☒ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain)

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. 106M	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease (State, Federal or Fee)	Lease E-5111-4
Location Unit Letter <u>C</u> : <u>990</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>36</u> Township <u>29N</u> Range <u>7W</u> . NMPM. <u>Rio Arriba</u> Cou				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

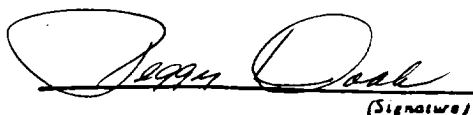
Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy 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 : <u>C</u> : Sec. : <u>36</u> : Twp. : <u>29N</u> : Rge. : <u>7W</u> : Is gas actually connected? <u>NO</u> 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)

Drilling Clerk

(Title)

2-14-86

(Date)

OIL CONSERVATION DIVISION

FEB 18 1986

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 deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

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

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

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Res't.	DILL
			X	X					
Date Spudded 12-11-85	Date Compl. Ready to Prod. 2-13-86	Total Depth 7990'				P.B.T.D. 7982'			
Elevations (DF, RKB, RT, CR, etc.) 6716' GL	Name of Producing Formation Blanco Mesa Verde	Top Oil/Gas Pay 5186'				Tubing Depth 6039'			
Perforations (DK) 7767, 7770, 7773, 7776, 7784, 7787, 7790, 7805, 7808, 7879, 7882,								Depth Casing Shoe 7990'	
* Continued Perf's listed below									
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 :
OIL WELL able 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 1735	Length of Test SI 7 Days	Bbls. Condensate/MCF 216 MCF/D	Gravity of Condensate 0
Testing Method (plug, back pr.) Back Pressure	Tubing Pressure (Shut-In) SI 625	Casing Pressure (Shut-In) SI 630	Choke Size 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)