5 Ca ox 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Antonia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
Operator Medic Dis		Well API No.				
El Paso Natural Gas Compar Address P.O. Box 4289, Farmington						
Rescon(s) for Filing (Check proper box) New Well Recompletion	Change in Transporter of: Dry Gas head Gas Condensate	(Please explain)				
f change of operator give same and address of previous operator II. DESCRIPTION OF WELL AND I	EASE					
Laco Mana San Juan 29-7 Unit	Well No. Pool Name, lactuding Formation 505 Basin Fruitland Coa	Kind of Lease State, Federal or Fee	Lease No. SF-078951			
Location Unit Letter $B:=10$	50 Feet From The North Line	and 1690 Feet From The	East Line			
Section 5 Township 29	North Rames 7 West , NM	PM , Rio Arriba	County			

Name of Authorized Transporter of Oil Meridian Oil Inc.		or Conden	aste.	X	1	e address so w x 4289,				sret)
Name of Authorized Transporter of Casis El Paso Natural Gas (or Dr	y Gas 🗶	Address (Giv	x 4990	hich approve	d copy of this	form is to be s	end)
If well produces oil or liquids, give location of tanks.	Unit	Sec. 5	Twp 29N		Į.		When			
If this production is commingled with that IV. COMPLETION DATA	from any oth	et lease or	pool, g	ive comming	ing order num	ber:				
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.	<u> </u>	
11-6-88	11-1	18-88			29	581		2	941'	
Elevations (DF, RKB, RT, GR, etc.)	Name of P	rosucing Fo	ormatio	a	Top Oil/Gas	-		Tubing Der	xh	
6133' GL	Basin	Frt. (Coal		2 7	93'		291	11'	
Perforations 2793'-2802'; 2832'-28				'-2886'	; 2892'-	2906'; 2	/SPF.	Depth Casin 295	_	
	1	UBING.	CAS	ING AND	CEMENTI	NG RECOR	D			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT					
12	9 5/8"		227		177 cf					
8 3/4"	7"		2958'		1101 cf					
	1	No Lin	ner		1					
	i	2 3/8"			20	911'				

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be often recovery of total volume of load oil and must be equal to or exceed ton allowable for this death or be for full 24 hours.)

Date of Test	Producing Method (Flow, pur	np, gastiffic pucify () () () () () ()
Tubing Pressure	Casing Pressure	Choke Size
Oil - Bbis.	Water - Bbis.	Gas- MCF
	Tubing Pressure	Tubing Pressure Casing Pressure

GAS WELL Actual Prod. Test - MCF/D Rhis, Condensate/MMCF Gravity of Condensate Leasth of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitet, back pr.) Back Pressure SI-372 SI-472

VL OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation

is true and complete-to-the best of my knowledge and belief.				
Signature Peggy Bradfield	Regulatory Affairs			
January 24, 1989	(505) 325-9727			

OIL CONSERVATION DIVISION

FEB 2 Z 1989 Date Approved . By Original Signed by FRANK T. CHAVEZ Salamente mere in the salar in the

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and Vi for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each nool in multiply completed wells.