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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	2
REGISTRATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**El Paso Natural Gas Company**  
Address: **P. O. Box 990 Farmington, New Mexico**

Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of:  
 Incompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

Other (Please explain)

If change of ownership give name and address of previous owner \_\_\_\_\_

III. DESCRIPTION OF WELL AND LEASE

Lease Name <b>San Juan 30-6 Unit</b>	Well No. <b>92</b>	Pool Name, including Formation <b>Blanco Mesa Verde</b>	Kind of Lease State, Federal or Fee
Location: Unit Letter <b>H</b> Feet From The _____ Line and _____ Feet From The _____			
Line of Section <b>33</b> Township <b>30</b> Range <b>7</b> NMPM, <b>Rio Arriba</b> County			

IV. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

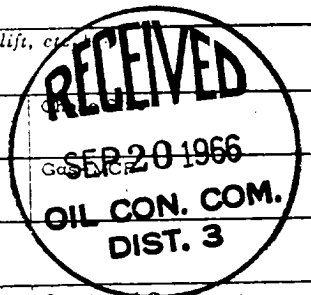
V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			Depth Casing Shoe		
PERFORATIONS								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>Installed Intermittent, turned back on production</b>		<b>8-4-66.</b>						

VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
GAS WELL		
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure
		Gravity of Condensate
		Choke Size



VII. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*John J. Tillerson*  
(Signature) **John J. Tillerson**

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 20 1966**, 19\_\_\_\_  
 BY **Original Signed by Emery C. Arnold**  
 TITLE **SUPERVISOR DIST. #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 Sections I, II, III, and VI only for changes of ownership, well name or number, or transporter, or other such change of conditions.  
 Separate Forms C-104 must be filed for each pool in multiple completion wells.