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DISTRIBUTION SANTA FE FILE	N	CONSERVATION COMMISSION FOR ALLOWABLE				Form C-104 Supersedes Old C-104 and C	
U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR 2	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
I. PRORATION OFFICE Operator El Paso Natural (Gas Company			· ·		-	
P. 0. Box 990, Fr	armington, New	Mexico 871	+O1				
Reason(s) for filing (Check proper by New Well Recompletion X Change in Ownership	Change in Tre Oil Casinghead G	Dry G		ther (Please	explain)		
If change of ownership give name and address of previous owner							
II. DESCRIPTION OF WELL AN Lease Name	D LEASE	Well No. Pool No	ame, Including	Fermation		Kind of Le	use.
San Juan 30-6 Uni	San Juan 30-6 Unit		-	Mesa Verde		State, Federal or Fee	
Unit Letter G; 15	Feet From T	ne North Li	ne and <u>220</u>)0	_ Feet From 1	The <u>East</u>	
Line of Section 30 , 1	Cownship 30	Range	7	, NMPM,	Rio Arr	iba	County
Name of Authorized Transporter of C	Oil or Conde	D NATURAL G	Address (Git				is form is to be sent).
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Is gas actua				
If this production is commingled w. COMPLETION DATA	with that from any ot	her lease or pool,	give commin	gling order	number:		
Designate Type of Complet			New Well	Workover	Deepen	Plug Back	Same Res'v. Diff. Res
Pool	Date Compl. Ready		Total Depth			P.B.T.D.	
Perforations	Name of Producing	Top Oil/Gas Pay			Tubing Depth		
Periorations						Depth Casir	ng Shoe
HOLE SIZE		NG, CASING, AND UBING SIZE		G RECORD		SA	ACKS CEMENT
Installed intermit	ter turned bac	k on produc	tion.	8-11	- 69		
7. TEST DATA AND REQUEST OIL WELL		(Test must be a able for this de	fter recovery of	f total volum ill 24 hours)	e of load oil a	nd must be e	qual to or exceed top all:
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.			des OF		
GAS WELL					V6 100	1009	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Press	ure	الن يا	Chake Size		
CERTIFICATE OF COMPLIAN	NCE			OIL C	ONSERVA		MISSION SEP 1 9 1969

III.

IV.

VI.

W. D. Dawson

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.

(Date)

Production Engineer

(Title)
September 17, 1969

This form is to be filed in compliance with RULE 1104.

By Original Signed by Emery C. Arnold 9

APPROVED -

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.

SUPERVISOR DIST. #3

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

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

Separate Forms C-104 must be filed for each pool in multiply