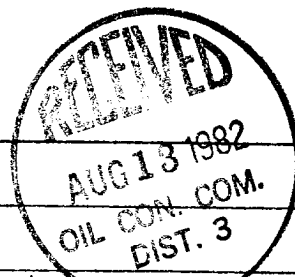


DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-120
Effective 1-1-65



Operator El Paso Natural Gas Company	
Address P.O. Box 289 Farmington, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	REQUEST SUPPLEMENTAL ALLOWABLE AFTER CASING REPAIR
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 30-6	Well No. 95R	Pool Name, Including Formation Blanco (MV)	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>M</u> ; <u>800</u> Feet From The <u>S</u> Line and <u>875</u> Feet From The <u>W</u> Line of Section <u>26</u> Township <u>30N</u> Range <u>7W</u> , NMPLM, Rio Arriba County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas company P.O. Box 289 - Farmington, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company P.O. Box 289 - Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Yes When July 1982

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X				
Date Spudded 8-30-72	Date Compl. Ready to Prod. 9-22-72 WO 6-30-82		Total Depth 6317		P.B.T.D. 6286			
Elevations (DF, RKB, RT, GR, etc.) 6864 GR	Name of Producing Formation Mesa Verde		Top Oil/Gas Pay 5540		Tubing Depth 6263			
Perforations 5540 - 6276					Depth Casing Shoe 6317			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT
13 3/4	9 5/8	32.3#	222	224 CF
8 3/4	7	20 #	4104	290 CF

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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D Q = 399 D = 312	Length of Test 8 Days	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.) Orifice METER	Tubing Pressure (shut-in) 465	Casing Pressure (shut-in) 465	Choke Size 1.625" Orifice

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.

(Signature)
Production Engineer
(Title)
August 12, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 13 1982, 19_____
Original Signed by FRANK T. CHAVEZ
BY _____
SUPERVISOR DISTRICT # 3
TITLE _____

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 allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI 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 completed wells.