NO. OF COMES MECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			L
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL.	j	
	GAS	1	
OPERATOR		1	
		T	

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NO. OF COMES MECENTED 5	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE						
DISTRIBUTION				Form	C-104		
SANTA FE				_	rsedes Old C-104 and C-110		
FILE / L	1		AND			Effe	ctive 1-1-65
U.S.G.S.	AUTHORIZA	TION TO TRA		OII AND I	IATURAL G	Δ5	
LAND OFFICE	1.01710711271		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	012 7410 1	WIOWAE O		
TRANSPORTER OIL J							
OPERATOR /	1						
PROBATION OFFICE							
Operator El Paso Natural Gas Con	np any						
PO Box 990, Farmington,	, NM 87401					OFF	IVED
Reason(s) for filing (Check proper box,)			Other (Please	explain)	KEU	711 Par
New Well	Change in Transp	orter of:				(
Recompletion	Oil	Dry Ga	s 🔲		İ	SEP	20 1972
Change in Ownership	Casinghead Gas	Conden	sate			\	ON. COM
						OIL CO	W. COM-
f change of ownership give name and address of previous owner						Ol	ST. 3
DESCRIPTION OF WELL AND	LEASE						
Lease Name	Well No. Pool N	ame, including Fo	ormation		Kind of Lease		Lease No.
San Juan 30-6 Unit	103 Bla	inco Mesa V	Verde		State (Federal	or Fee	SF 078741
Location	_						}
Unit Letter G : 15	20Feet From The_	North Lin	e and <u>106</u>	0	_ Feet From 1	The Eas	st
Line of Section 25 Tov	waship 30N	Range	6W	, имрм		Rio Arr	iba County
DESIGNATION OF TRANSPORT	TER OF OIL AND !	NATURAL GA	s				
Name of Authorized Transporter of Ott	or Condensa	ite 🔀	Address (C	ive address	o which approv	ed copy of thi	s form is to be sent)
El Paso Natural Gas Con	npany	- V	1242		90, Farm		NM 87401 is form is to be sent)
Name of Authorized Transporter of Cas El Paso Natural Gas Con	npany	Dry Gas X		PO Box 9	90, Farn	ington, N	M 87401
If well produces oil or liquids, give location of tanks.		30N Pge. 6W	Is gas act	ially connect	ed? Whe	•n	
f this production is commingled with	th that from any other	lease or pool,	give commi	.ngling order	number:		
COMPLETION DATA						T=	10 D 1 D 10 D 1
Designate Type of Completion	on - (X)	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resty. Diff. Resty.
Date Spudded	Date Compl. Ready to	Prod.	Total Dept	h		P.B.T.D.	
8-14-72	9-7-72			6153'		<u> </u>	6136'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top 🔏 i/Gas Pay		Tubing Depi	h	
6649'GL	Mesa Ve	erde	!	5545'			6115'
Perforations 5545-50', 5561	-66' and 5578-8	$\frac{120}{8}$ w/10 spz	. 5810-	16° , 5826	-32'.	Depth Casin	
Perforations 5545-50', 5561 5782-78', 5888-5900', 5	914-20', 5946-5	5 2', '5966 - 78	3' , 5998	-6010', 6	6060-72',		6153'
-6098-6110' with 12 spz.		, CASING, AND				<u> </u>	
			CEMENT	DEPTH SI		SA	CKS CEMENT
HOLE SIZE	9 5/8"	51110 3125	-	205'	<u> </u>	224 cu.	
13 3/4"	9 5/8		 			•	1
8 3/4"	<u> </u>		(150	3990' 6153': liner top 3834'		290 cu. ft.	
6 1/4"	4 1/2" 2 3/8"		0153;	liner top 6115'	1.3834	406 cu. tubing	Щ. —
	<u> </u>		!				
TEST DATA AND REQUEST FOOL, WELL		(Test must be a able for this de	pth or be for	full 24 hours)		qual to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test		Producing	Method (Fiou	, pump, gas li	i, eic./	
Length of Test	Tubing Pressure		Casing Pr	•suue		Choke Size	
Actual Prod. During Test	Oil-Bbls.		Water-Bbl	6.		Gas-MCF	

Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pu	Method (Flow, pump, gas assets, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gae - MCF	

GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
1017	3 hours			
Testing Method (pitot, back pr.) Calc. AOF	Tubing Pressure (Shut-in) 1043	Casing Pressure (shut-in) 1052	Choke Size 3/4"	

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 belie	: f.
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41000 CCT//	- 1
	- 1
(Signature)	- 1
Petroleum Engineer	

(Daie)

September 19, 1972

(Title)

OIL CONSERVATION COMMISSION

SEP 2 0 1972 , 19 -Original Signed by Mery C. Arnold APPROVED_

SUPERVISOR DIST. #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.



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