

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-110
Effective 1-1-65

30-039-21670

Operator EL PASO NATURAL GAS CO.	
Address Box 289, Farmington, NM	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name SAN JUAN 30-6	Well No. 13A	Pool Name, Including Formation Blanco MV	Kind of Lease (State, Federal or Fee) E	Lease No. 347-26
Location Unit Letter J ; 1480 Feet From The S Line and 1760 Feet From The E Line of Section 32 Township 30N Range 6W , NMPM, Rio Arriba County				

II. 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 CO.	Box 289, Farmington, NM
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)
NORTHWEST PIPELINE	Box 90, Farmington, NM
If well produces oil or liquids, give location of tanks.	Unit J Sec. 32 Twp. 30N Rge. 6W Is gas actually connected? When

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X	X					
Date Spudded 9-10-78	Date Compl. Ready to Prod. 1-16-79	Total Depth 5979'	P.B.T.D. 5962'					
Elevations (DF, RAB, RT, GR, etc.) 6410' GL	Name of Producing Formation MV	Top ea /Gas Pay 5187'	Tubing Depth 5869'					
Perforations 5187, 5231, 5240, 5250, 5255, 5260, 5277, 5335, 5340, 5344, 5348, 5352' w/ 1SPZ. 5539, 5548, 5584, 5594, 5602, 5610, 5634, 5638, 5642, 5646, 5652, 5655, 5658							Depth Casing Shoe 5979'	
5666, 5670, 5676, 5689, 5756, 5777, TUBING, CASING, AND CEMENTING RECORD								
5804, 5857, 5877' w/1SPZ.	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
13 3/4	9 5/8		233'			224 cf		
8 3/4	7		3645'			296 cf		
6 1/4	4 1/2" liner		3507 - 5979'			431 cf		
	2 3/8		5869'			tubing		

IV. 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 230	Casing Pressure (Shut-in) 722	Choke Size

V. 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)
Drilling Clerk
(Title)
February 15, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Original Signed by A. R. Kendrick
TITLE SUPERVISOR

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.