

DISTRIBUTION	
STATE	/
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

Operator
EL PASO NATURAL GAS CO.

Address
BOX 289, FARMINGTON, NEW MEXICO

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change in Ownership

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

DESCRIPTION OF WELL AND LEASE

Lease Name SAN JUAN 30-6	Well No. 4A	Pool Name, including Formation BLANCO MESA VERDE	Kind of Lease State, <u>Federal</u> or Fee NM	Lease No. 04139
Location Unit Letter J , 1480 Feet From The S Line and 1740 Feet From The E				
Line of Section 35 Township 30N Range 6W , NMPM, 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 CO.	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 CO.	BOX 289, FARMINGTON, NEW MEXICO
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	J 35 30N 6W

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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 10/9/78	Date Compl. Ready to Prod. 1/2/79		Total Depth 6094'		P.B.T.D. 6077'			
Elevations (DF, RAB, RT, GR, etc.) 6513' GL	Name of Producing Formation MV		Top Gas Pay 5320'		Tubing Depth 6022'			
Perforations 5320, 5333, 5352, 5358, 5418, 5465, 5487 w/1SPZ. 5648, 5654, 5660, 5666, 5672, 5680, 5687, 5698, 5705, 5713, 5721, 5727, 5740, 5754, 5771, 5789, 5804, 5850, 5900, 5915, 5923, 5954, 5973, 6040w/ TUBING, CASING, AND CEMENTING RECORD 1 SPZ.					Depth Casing Shoe 6094'			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		216'		224 cf.			
8 3/4"	7"		3705'		264 cf.			
6 1/4"	4 1/2" liner		3522-6094		445 cf.			
	2 3/8"		6022		tubing			

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 (pitot, back pr.)	Tubing Pressure (Shut-in) 234	Casing Pressure (Shut-in) 493	Choke Size

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.

D. G. Brisco
(Signature)
Drilling Clerk
(Title)
1/11/79
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY original signature

TITLE _____

This form is to be filed in compliance with RULE 110e.
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.