

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

Operator El Paso Natural Gas Company	
Address P.O. Box 289, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE				
Lease Name San Juan 30-6 Unit	Well No. 95A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	Lease No. SF 079383
Location				
Unit Letter D ; 790 Feet From The North Line and 790 Feet From The West				
Line of Section 26 Township 30-N Range 7-W , 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 Company	P.O. Box 289, Farmington, New Mexico 87401				
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 87401				
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 26	Twp. 30N	Rge. 7W	Is gas actually connected? When


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

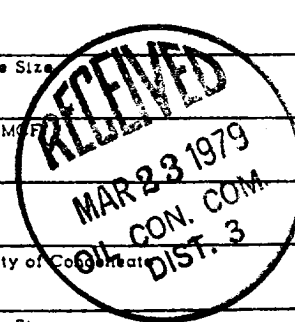
III. COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 8-31-78	Date Compl. Ready to Prod. 1-24-79	Total Depth 5859'		P.B.T.D. 5842'				
Elevations (DF, RKB, RT, GR, etc.) 6294' GL	Name of Producing Formation Mesa Verde	Top Gas/Gas Pay 4999'		Tubing Depth 5762'				
Perforations 4999, 5023, 5041, 5045, 5050, 5055, 5066, 5071, 5076, 5133, 5138, 5143, 5148, 5177, 5274, 5304, 5309, 5314, 5409, 5415, 5420, 5436, 5440, 5444, 5448, 5493, 5498, 5504, 5509, 5514, 5519, 5523, 5579, 5605, 5611, 5650, 5669, 5705, 5742, 5786'		Depth Casing Shoe 5859'						
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		240'		224 cf			
8 3/4"	7"		3534'		312 cf			
6 1/4"	4 1/2" liner		3369-5859'		431 cf			
	2 3/8"		5762'		tubing			

IV. TEST DATA AND REQUEST FOR ALLOWABLE (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)	Casing Pressure (Shut-in)	Choke Size
	374	647	

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.	
	
Drilling Clerk	
March 20, 1979	

OIL CONSERVATION COMMISSION	
APPROVED  , 19	
BY Original Signed by J. B. Hendrick	
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.	