

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-11
Effective 1-1-65

API 30-039-21902

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

I. Operator
El Paso Natural Gas Company

Address
Box 289, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	San Juan 30-6	Unit	15A	Pool Name, Including Formation	Blanco MV	Kind of Lease	State, Federal or Fee	Lease No.	NM 012709
Location									
Unit Letter	0		1020	Feet From The	South	Line and	1610	Feet From The	East
Line of Section	29	Township	30-N	Range	7-W		NMPM,	Rio Arriba	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	El Paso Natuarl Gas Company	Address (Give address to which approved copy of this form is to be sent)	Box 289, Farmington, New Mexico 87401				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent)	Box 289, Farmington, New Mexico 87401				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When	
	0	29	30-N	7-W			

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

IV. 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	5-20-79	Date Compl. Ready to Prod.	8-7-79	Total Depth	5825'	P.B.T.D.	5809'	
Elevations (DF, RKB, RT, GR, etc.)	6311' G.L.	Name of Producing Formation	Mesa Verde	Top Gas/Gas Pay	4871	Tubing Depth	5766'	
Perforations	4871, 4964, 4970, 4991, 5018, 5025, 5032, 5039, 5046, 5112, 5118, 5124, 5216, 5273, 5344, 5352, 5386, 5393, 5400, 5422, 5428, 5434, 5440, 5446, 5452, 5458, 5464, 5470, 5476, 5482, 5488, 5499, 5505, 5528, 5553, 5581, 5588, 5640, 5672, 5721', 5736', 5768" w/1 SPZ	Depth Casing Shoe	5825'					
HOLE SIZE	13 3/4"	CASING & TUBING SIZE	9 5/8"	DEPTH SET	222'	SACKS CEMENT	224 cf.	
	8 3/4"		7"		3525'		312 cf.	
	6 1/4"		4 1/2" Liner		3356'-5825'		427 cf.	
			2 3/8"		5766'		tubing	

V. 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)	Casing Pressure (Shut-in)	Choke Size
	521	805	

VI. 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)

August 13, 1979

(Date)

OIL CONSERVATION COMMISSION

AUG 20 1979

APPROVED _____, 19 _____

BY Original Signed by A. R. Hendrick

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 multiple