

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

API 30-639-21903

I.

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

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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 30-6 Unit	Well No. 9A	Pool Name, Including Formation Blanco M.V.	Kind of Lease State, <u>Federal</u> or Fee	Lease No. NM012709
Location Unit Letter <u>P</u> ; <u>545</u> Feet From The <u>South</u> Line and <u>510</u> Feet From The <u>East</u>				
Line of Section <u>30</u> Township <u>30-N</u> Range <u>7-W</u> , NMPM, <u>Rio Arriba</u> 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"/>	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 <u>P</u> Sec. <u>30</u> Twp. <u>30-N</u> Rge. <u>7-W</u> Is gas actually connected? <input type="checkbox"/> When

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 <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'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 5-28-79	Date Compl. Ready to Prod. 8-14-79		Total Depth 5787'		P.B.T.D. 5769'			
Elevations (DF, RKB, RT, GR, etc.) 6289' GL	Name of Producing Formation MV		Top Gas Pay 4799'		Tubing Depth 5716'			
Perforations 4799, 4829, 4831, 4837, 4843, 4849, 4864, 4882, 4889, 4896, 5003, 5010, 5024, 5070, 5098, 5117, 5124, 5162, 5222, 5236, 5349, 5356, 5366, 5372, 5378, 5384, 5390, 5396, 5402, 5408, 5414, 5420, 5426, 5432, 5438, 5444, 5498, 5505, 5525, 5593, 5603, 5613, 5622**								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		217'		224 cf			
8 3/4"	7"		3447'		148 cf			
6 1/4"	4 1/2" liner		3306-5787'		438 cf			
	2 3/8"		5716'		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 **5645, 5672, 5712, 5743' w/1 SPZ.

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 890	Casing Pressure (Shut-in) 966	Choke Size

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.

J. G. Buice

(Signature)

Drilling Clerk

(Title)

August 17, 1979

(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 31 1979, 19

BY Original Signed by A. E. Kendrick

TITLE SUPERVISOR DISTRICT 9

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