

DISTRIBUTION	
SANTA FE	
FILE	
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

API 30-039-21905

I.

Operator El Paso Natural Gas Company	
Address P.O. Box 289, Farmington, New Mexico 87401	
Ref. to (s) file. 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. 98A	Pool Name, Including Formation Blanco MV	Kind of Lease Lease Federal Lease	Lease No. SF079383
Location Unit Letter <u>J</u> ; <u>1500</u> Feet From The <u>South</u> Line and <u>1840</u> Feet From The <u>East</u> Line of Section <u>34</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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Bpx 289, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>34</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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 5-12-79	Date Compl. Ready to Prod. 8-3-79		Total Depth 5865'		P.B.T.D. 5850'			
Elevations (DF, RKB, RT, GR, etc.) 6364'	Name of Producing Formation Mesa Verde		Top Gas Pay 4802		Tubing Depth 5813'			
Perforations 4802, 4888, 5018, 5024, 5045, 5057, 5071, 5078, 5158, 5221, 5320, 5338, 5374, 5382, 5390, 5442, 5448, 5454, 5460, 5476, 5488, 5498, 5505, 5512, 5526, 5533, 5539, 5546, 5569, 5605, 5644, 5697, 5729, 5750, 5760, 5776, 5816' w/1 SPZ.					Depth Casing Shoe 5865'			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		214'		224 cf			
8 3/4"	7"		3574'		295 cf			
6 1/4"	4 1/2" liner		3436-5865'		424 cf			
	2 3/8"		5813'		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 (pitot, back pr.)	Tubing Pressure (Shut-in) 539	Casing Pressure (Shut-in) 889	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.


(Signature)
Drilling Clerk
(Title)
August 10, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 15 1979
BY Original Signed by A. R. Kendrick 19
SUPERVISOR DISTRICT # 3
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 multiple