

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-111
Effective 1-1-65

API 30-039-21939

DISTRIBUTION		5
ANTARCTIC		1
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 ☒ Change In Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
San Juan 30-6 Unit	26 A	Blanco Mesa Verde	Lease , Federal Lease Federal	SF 080711
Location Unit Letter <u>F</u> ; <u>1470</u> Feet From The <u>North</u> Line and <u>1845</u> Feet From The <u>West</u> Line of Section <u>19</u> Township <u>30-N</u> Range <u>6-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	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)
Northwest Pipeline	Box 90, Farmington, New Mexico
If well produces oil or liquids, give location of tanks.	Unit: <u>F</u> Sec: <u>19</u> Twp: <u>30-N</u> Rge: <u>6-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.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
6-23-79	8-30-79	6210'	6194'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6613' GL	Mesa Verde	5424'	6176'					
Perforations	Depth Casing Shoe							
5424, 5439, 5447, 5455, 5476, 5503, 5510, 5534, 5541, 5547, 5565, 5573, 5600, 5606, 5679, 5768, 5775, 5782, 5800, 5806, 5812, 5818, 5824, 5830, 5836, 5871, 5879, 5887, 5900, 5918, 5971, 5990, 6009, 6016, 6068, 6120, 6132, 6190, w/ 1 SPZ.	6210'							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	224'	224 cf.					
9 3/8"	7"	3861'	305 cf.					
6 1/4"	4 1/2" Liner	3697 - 6210'	434 cf.					
	2 3/8"	6176'	tubing					

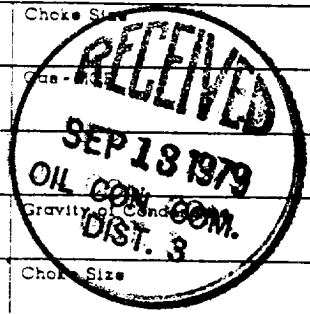
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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-Bbls.

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)	Casing Pressure (Shut-in)	Choke Size
	440	592	



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.

N. G. Duies
(Signature)
Drilling Clerk
(Title)
9-10-79
(Date)

OIL CONSERVATION COMMISSION
SEP 17 1979
APPROVED _____ 19____
BY Original Signed by A. R. Kendrick
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