

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
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SANITARY	
FILE	
U.S.S.	
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OPERATOR	
REGISTRATION 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 ☒ 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	San Juan 30-6 Unit # 84A	Well No.	Pool Name, including Formation	Blanco Mesa Verde	Kind of Lease	State/Federal of Fee	NM	Lease No.	012694
Location	Unit Letter <u>E</u> ; <u>1535</u> Feet From The <u>North</u> Line and <u>850</u> Feet From The <u>West</u>								
Line of Section	<u>11</u>	Township	<u>30-North</u>	Range	<u>7-West</u>	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"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 289, Farmington, NM 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, NM 87401
If well produces oil or liquids, give location of tanks.	Unit <u>E</u> Sec. <u>11</u> Twp. <u>30-N</u> Rge. <u>7-W</u>
Is gas actually connected?	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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
11-12-81	1-4-82		5841'		5822'			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top <del>Gas</del> /Gas Pay		Tubing Depth			
6221' GL	Mesa Verde		5026'		5733'			
5339, 5344, 5349, 5354, 5374, 5378, 5402, 5406, 5420, 5425, 5452, 5458, 5496, 5502, 5570, 5633, 5638, 5696, 5746' 5034, 5039, 5056, 5078, 5090, 5095, 5148, 5154, 5221, 5225, 5249, 5263' W/1 SPZ.					Depth Casing Shoe			
					5841'			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		212'		224 cf.			
8 3/4"	7"		3411'		424 cf.			
6 1/4"	4 1/2"		3227-5841'		446 cf.			
	2 3/8"		5 733'					

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
1741			
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size
	463	474	5031-3

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

D. G. Brisco  
(Signature)

Drilling Clerk

January 8, 1982

(Title)

(Date)

OIL CONSERVATION DIVISION

JAN 16 1982

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY Original Signed by FRANK T. CHAVEZ

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 multiply completed wells.