

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

**RECEIVED**  
Form C-104  
Revised 10-0-78  
DEC 18 1987  
OIL CON. DIV  
DIST. 3

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. **Operator**  
El Paso Natural Gas Company

**Address**  
PO Box 4289, Farmington, NM 87499

**Reason(s) for filing (Check proper box)**

<input checked="" type="checkbox"/> New Well	<b>Change in Transporter of:</b>	
<input type="checkbox"/> 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

**Other (Please explain)**

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

<b>Lease Name</b> San Juan 30-6 Unit	<b>Well No.</b> 404	<b>Pool Name, including Formation</b> Undes. Fruitland	<b>Kind of Lease</b> Stat(, Federal) or Fee	<b>Lease No.</b> SF 079382
<b>Location</b>				
Unit Letter <u>B</u>	<u>1135</u> Feet From The <u>North</u> Line and <u>1635</u> Feet From The <u>East</u>			
Line of Section <u>23</u>	Township <u>30N</u>	Range <u>7W</u>	NMPM, <u>Rio Arriba</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


<b>Name of Authorized Transporter of Oil</b> <input type="checkbox"/> or <b>Condensate</b> <input checked="" type="checkbox"/>	<b>Address (Give address to which approved copy of this form is to be sent)</b>
Meridian Oil Inc.	PO Box 4289, Farmington, NM 87499
<b>Name of Authorized Transporter of Casinghead Gas</b> <input type="checkbox"/> or <b>Dry Gas</b> <input checked="" type="checkbox"/>	<b>Address (Give address to which approved copy of this form is to be sent)</b>
El Paso Natural Gas Company	PO Box 4990, Farmington, NM 87499
<b>If well produces oil or liquids, give location of tanks.</b>	<b>Is gas actually connected? When</b>
Unit <u>B</u> Sec. <u>23</u> Twp. <u>30N</u> Rge. <u>7W</u>	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

  
Drilling Clerk (Signature)

December 17, 1987 (Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 18 1987

BY Original Signed by FRANK I. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

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.

#### 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 11-04-87	Date Compl. Ready to Prod. 12-17-87		Total Depth 3732'			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 6141' GL	Name of Producing Formation Fruitland		Top Oil/Gas Pay 3210'			Tubing Depth 3702'			
Perforations 3210-3707' (MD) 2983-3031' (TVD) <u>predrilled liner(1ss/inch)</u>						Depth Casing Shoe 3732'			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12 1/4"	9 5/8"		225'			138 cu. ft.			
8 3/4"	7"		3167'			930 cu. ft.			
6 1/4"	5 1/2" & 5"		3732'			did not cmt.			
	2 3/8" & 2 7/8"		3702'						

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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) 1000*	Casing Pressure (Shut-in) 1350*	Choke Size

\*Averages from offset well data