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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

Operator El Paso Natural Gas Company	
Address PO Box 990, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 32-7 Unit	Well No. 44	Pool Name, Including Formation Basin Dakota	Kind of Lease State (Federal) or Fee	Lease No. SF 078459
Location				
Unit Letter N	1150	Feet From The South	Line and 1800	Feet From The West
Line of Section 22	Township 32N	Range 7W	NMPM, Rio Arriba	County

II. 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	PO Box 990, 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	PO Box 990, Farmington, NM 87401				
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 22	Twp. 32N	Rge. 7W	Is gas actually connected? When

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
		X	X					
Date Spudded 9-4-73	Date Compl. Ready to Prod. 10-4-73	Total Depth 8211'	P.B.T.D. 8202'					
Elevations (DF, RKB, RT, GR, etc.) 6547'GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 8038'	Tubing Depth 8164'					
Perforations 8038', 8076', 8080', 8084', 8100', 8138' and 8156'			Depth Casing Shoe 8211'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	226'	225 cu. ft.					
8 3/4"	7"	3799'	342 cu. ft.					
6 1/4"	4 1/2"	8211'	672 cu. ft.					
	1 1/2"	8164'	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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D 2682	Length of Test 3 hrs.	Bbls. Condensate/MMCF
Testing Method (pitot, back pr.) Calc. AOF	Tubing Pressure (shut-in) 2483	Casing Pressure (shut-in) 2564
		Choke Size 3/4"

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.

A. H. Busio
(Signature)
Drilling Clerk
(Title)
October 11, 1973
(Date)

OIL CONSERVATION COMMISSION
APPROVED OCT 15 1973, 19____
Original Signed by Emery C. Arnold
BY _____
TITLE SUPERVISOR DIST. #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 well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multilayered completed wells.