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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

I.

Operator

El Paso Natural Gas Company

Address

Box 990, Farmington, New Mexico - 87401

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

New Well [X]

Recompletion [ ]

Change in Ownership [ ]

Change in Transporter of:

Oil [ ]   Dry Gas [ ]

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 28-7 Unit	145	Basin Dakota	State, Federal or Fee [X]	SF 078972

Location

Unit Letter **N** ; **990** Feet From The **South** Line and **1600** Feet From The **West**

Line of Section **10** Township **27N** Range **7W** , NMPM, **Rio Arriba** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]

El Paso Natural Gas Company

Address *(Give address to which approved copy of this form is to be sent)*

Box 990, Farmington, New Mexico

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]

El Paso Natural Gas Company

Address *(Give address to which approved copy of this form is to be sent)*

Box 990, Farmington, New Mexico

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	10	27N	7W		

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

IV. COMPLETION DATA

	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion — (X)		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-10-67	11-8-67	7680	7668'

Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6644' GL	Dakota	7446	7416'

Perforations	Depth Casing Shoe
7446-58, 7524-30, 7556-68, 7598-7608, 7618-24	7680'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	233'	200
7 7/8"	4 1/2"	7680'	725
	2 3/8"	7416'	Tubing

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas...)*	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
3950	3 Hours		
Testing Method *(pitot, back pr.)*	Tubing Pressure *(shut-in)*	Casing Pressure *(shut-in)*	Choke Size
Calculated A.OF	2505	2257	3/4"

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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.

Original Signed F. H. WOOD
(Signature)

Petroleum Engineer
(Title)

November 16, 1967
(Date)

OIL CONSERVATION COMMISSION
NOV 22 1967

APPROVED _____ , 19 ___

BY Original Signed by Emery C. Arnold
SUPERVISOR DIST. #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.