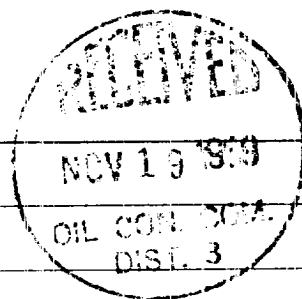


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LAND OFFICE		
TRANSPORTER	OIL	1
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OPERATOR		2
PRODUCTION OFFICE		

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: ☒ 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 28-6 Unit	Well No. 146	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. SF 079365
Location Unit Letter M, 790 Feet From The South Line and 1190 Feet From The West Line of Section 24 Township 27N Range 6W, 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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico - 87401				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico - 87401				
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 24	Twp. 27N	Rge. 6W	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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 9-29-69	Date Compl. Ready to Prod. 11-5-69		Total Depth 7729'		P.B.T.D. 7713'			
Elevations (DF, RKB, RT, CR, etc.) 6558' GL	Name of Producing Formation Dakota		Top Gas Pay 7452'		Tubing Depth 7644'			
Perforations 7452-60, 7520-28, 7552-68, 7606-14, 7626-34'					Depth Casing Shoe 7729'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		239'		165 Sks.			
8 3/4"	7"		3437'		170 Sks.			
6 1/4"	4 1/2"		7729'		270 Sks.			
	2 3/8"		7644'		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 - MCF

GAS WELL

Actual Prod. Test - MCF/D 3392	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Calculated A.O.F.	Tubing Pressure (shut-in) 2604	Casing Pressure (shut-in) 2599	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.

Original Signed By:
L. O. Van Ryan

(Signature)

Petroleum Engineer

(Title)

November 10, 1969

(Date)

OIL CONSERVATION COMMISSION

NOV 19 1969

APPROVED

BY: Original Signed by Emory C. Arnold

SUPERVISOR DIST. 1

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.