NO. OF COPICS SECSIVED		l	5
DISTRIBUTION			
SANTA FE		1	
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL	1	
	GAS		
OPERATOR			
PROPATION OFFICE			

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 GAS						
"	Operator	. 								
	El Paso Notural Gas Company									
	Rox 990, Formington Recoon(s) for tiling (Check proper box New Well									
	Recompletion Change in Ownership	Oil Dry Go Casinghead Gas Conde	⊢							
	If change of ownership give name and address of previous owner									
i. j	DESCRIPTION OF WELL AND	LEASE Well No.; Fool Name, Including F	formation Kind of Lease	Lease No.						
	San Juan 28-6 Unit	161 Basin Del	t e e e e e e e e e e e e e e e e e e e							
	Unit Letter G; 1	460 Feet From The North Lin	ne and 1775 Feet From T	he East						
	Line of Section 12 Tov	waship 2717 Range	6W , NMPM, Rio Ar	riba County						
- [DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)						
1	El Paso Natural Gas Company Box 990, Farmington, New Mexico 87401 Name of Authorized Transporter of Casingnead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent)									
}	Northwest Pipeline	Unit Sec. Twp. Pge.	Is gas actually connected? Whe							
	give location of tanks.	G 12 27N 6N I with that from any other lease or pool, give commingling order number:								
	COMPLETION DATA	Oil Well Gas Well		Plug Back Same Res'v. Diff. Res'v.						
	Designate Type of Completion	on — (X)	1 1 .							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
	Perforations Depth Casing Shoe									
F	101 5 6175	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT						
ŀ	HOLE SIZE	CASING & TUBING SIZE	DEF TRISE!	370110 5211211						
ŀ										
	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil a pth or be for full 24 hours)	nd must be equal to or exceed top allow-						
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	ELIVED!						
t	Length of Test	Tubing Pressure	Casing Pressure	Chold Size						
-	Actual Prod. During Test	Oil-Bble.	Water-Sbis.	Gravity of Condensate						
-				OIL DIST.						
ſ	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate						
-	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size						
			OIL CONSERVA	TION COMMISSION						
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. (Signature)		APPROVED FEB 7 1974 Outsimal Signed by A. R. Kendrick								
		TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.								
					-	(Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.		
					FEB 4 1974 (Date)		Fill out only Sections 1, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.			