NO. OF CUPIES RECEIVED		5	
DISTRIBUTION			
SANTA FE		'	
FILE		1	
U.S.G.S.			
LAND OFFICE		<u> </u>	
IRANSPORTER	OIL	,	
	GAS	/	
OPERATOR		1	

January 21, 1975

(Date)

}	SARTA FE		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110	
t	FILE /		AND	Effective 1-1-65	
	U.\$.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	AS	
ļ	LAND OFFICE				
١	TRANSPORTER OIL /				
H	OPERATOR /				
.	PROBATION OFFICE				
"	Operator				
	El Paso Natural Gas Co	ompany			
ı	P. O. Box 990, Farming	oton, NM '87401			
ŀ	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well	Change in Transporter of:			
١	Recompletion	Oil Dry Gas	一一		
i	Change in Ownership	Casinghead Gas Conden	sate		
	If change of ownership give name				
	and address of previous owner				
11	DESCRIPTION OF WELL AND I	EASE			
	Lease Name	Well No. Pool Name, including Fo	la . (-) .		
	San Juan 28-6 Unit	200 South Blanc	O PC State (Federal	pr0/530/-	
	Location	N N	1020	Je7	
	Unit Letter <u>E</u> ; <u>178</u>	BO Feet From The N Line	e and <u>1020</u> Feet From 1	TheW	
	Line of Section 25 Tow	mship 27N Range	6W NMPM, Rio Al	rriba County	
	Line of Section 23	2,1,			
II.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which approx	ved copy of this form is to be sent)	
	Name of Authorized Transporter of Oil				
	El Paso Natural Gas Co	Inghead Gas Or Dry Gas X	P. O. Box 990, Farming	ved copy of this form is to be sent)	
	El Paso Natural Gas Co		P. O. Box 990, Farming	ton. NM 87401	
		Unit Sec. Twp. P.ge.	Is gas actually connected? Who		
	If well produces oil or liquids, give location of tanks.	E 25 27N 6W			
	If this production is commingled wit	h 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 Resty. Diff. Resty	
	Designate Type of Completion		X		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	11-11-74	01-14-75	33371	3326'	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top XII/Gas Pay	Tubing Depth Tubingless	
	6574' GL	Pictured Cliffs	3240	Depth Casing Shoe	
		7240-60', 3270-86', 3294-3302' TUBING, CASING, AND		3337'	
	3240 00 , 3270 00 , 32				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12 1/4"	8 5/8"	123'	112 cu. ft.	
	7 7/8" and 6 3/4"	2 7/8"	3337'		
		Tubingless			
	The second of th	OR ALLOWARIE (Test must be o	after recovery of total volume of load oil	and must be equal to or exceed top allow	
V	TEST DATA AND REQUEST F	able for this d	Producing Method (Figure pump, eas h		
	Date First New Oil Run To Tanks	Date First New Oil Run To Tanks Date of Test		ut, etc.)	
			Casing Pressure	Choke Size	
	Length of Test	Tubing Pressure			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
	Actual Piba. Samiy			<u>y</u>	
	GAS WELL		Bbls, Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Bols. Condensate/MMCr	G.C.I., C. Comonia	
	Testing Method (pitot, back pr.)	3 hours Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Calc. A.O.F.		850	3/4"	
		ICE	OIL CONSERV	ATION COMMISSION JAN 2 4 1374	
VI	. CERTIFICATE OF COMPLIAN			JAN 2 4 1974	
	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.		APPROVED	, 19	
			BOriginal Signed by Emery C. Arnold		
			8	TITLESUPERVISOR DIST. #3	
			13		
	This form is to be filed in com		compliance with RULE 1104.		
	A. B. Ducco	nature)	If this is a request for allowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviation		
	Drilling Clerk	nature)	tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allo		
		iile)	All sections of this form makes on new and recompleted to	Melis.	
	- 01 1085	≯	II * ' ' ' ' ' ' ' ' '		

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.