

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
FEB 23 1984
OIL CON. DIV.
DIST. 3

I. Operator
El Paso Natural Gas

Address
Box 4289, Farmington, New Mexico, 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> 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

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-7 Unit	Well No. 269	Pool Name, Including Formation Otero Chacra	Kind of Lease <input checked="" type="checkbox"/> Federal <input type="checkbox"/> NM	Lease No 03560
Location Unit Letter <u>F</u> ; <u>1850</u> Feet From The <u>North</u> Line and <u>1463</u> Feet From The <u>West</u> Line of Section <u>30</u> Township <u>27N</u> Range <u>7W</u> , NMPM, <u>Rio Arriba</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	Box 4289, Farmington, New Mexico, 87499
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	Box 4289, Farmington, New Mexico, 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
F 30 27N 7W	No

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

A. G. Grisco
(Signature)
Drilling Clerk
(Title)
February 23, 1984
(Date)

OIL CONSERVATION DIVISION
APPROVED FEB 23 1984, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 1-2-84	Date Compl. Ready to Prod. 2-14-84	Total Depth 3455'				P.B.T.D. 3441'			
Elevations (DF, RKB, RT, GR, etc.) 6021' GL	Name of Producing Formation Chacra	Top Gas Pay 3187				Tubing Depth None			
Perforations 3187, 3194, 3230, 3255, 3261, 3276, 3284, 3378, 3391 w/1 Spz						Depth Casing Shoe 3455'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8"		139'		104 cu. ft.			
7 7/8" & 6 3/4"		2 7/8"		3451'		905 cu. ft.			

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)

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 2547	Length of Test 3 Hours	Bbls. Condensate/MMCF 0	Gravity of Condensate --
Testing Method (first, back pr.) Calculated AOF	Tubing Pressure (Shut-in) --	Casing Pressure (Shut-in) 946	Choke Size 3/4"