

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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

API 30-39-21686

1. Operator  
EL PASO NATURAL GAS CO.  
Address  
BOX 289, FARMINGTON, NEW MEXICO  
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

I. DESCRIPTION OF WELL AND LEASE

Lease Name SAN JUAN 28-6 Unit	Well No. 58A	Pool Name, Including Formation BLANCO MESA VERDE	Kind of Lease State, Federal or Fee NM	Lease No. 02804
Location Unit Letter P ; 1030 Feet From The S Line and 1070 Feet From The E Line of Section 23 Township 28N Range 6W , NMPM, Rio Arriba County				

I. 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 CO.	Address (Give address to which approved copy of this form is to be sent) BOX 289, FARMINGTON, NEW MEXICO	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> NORTHWEST PIPELINE CORPORATION	Address (Give address to which approved copy of this form is to be sent) BOX 90, FARMINGTON, NEW MEXICO	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 23
	Twp. 28N	Rge. 6W
	Is gas actually connected? When	

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

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
		X	X					
Date Spudded 11/14/78	Date Compl. Ready to Prod. 1/15/79	Total Depth 5982'	P.B.T.D.					
Elevations (DF, RAB, RT, GR, etc.) 6536'	Name of Producing Formation MV	Top Gas/Gas Pay 5040'	Tubing Depth 5982'					
Perforations 5040, 5049, 5054, 5072, 5074, 5114, 5118, 5130, 5136, 5142, 5148, 5155, 5178, 5252, 5257, 5282, 5330, 5376w/1SPZ. 5556, 5560, 5573, 5578, 5583, 5588, 5607, 5611, 5624, 5658, 5675, 5686, 5694, TUBING, CASING, AND CEMENTING RECORD 5711, 5745, 5774, 5816, 5852, 5896, 5920			Depth Casing Shoe 5910'					
HOLE SIZE 13 3/4"	CASING & TUBING SIZE 9 5/8"	DEPTH SET 219'	SACKS CEMENT 224 cf.					
8 3/4"	7"	3794'	272 cf.					
6 1/4"	4 1/2" liner	3629-5982'	406 cf.					
	2 3/8"	5910'	tubing					

III. 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 52	Casing Pressure (Shut-in) 864	Choke Size

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.

S. G. Luiseo  
(Signature)  
Drilling Clerk  
(Title)  
1/30/79  
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 5 1979, 19  
BY Original Signed by A. R. Hendrick  
TITLE SUPERVISOR DIST. 3

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.