

DISTRIBUTION	
SANTA FE	
FILE	
J.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 30-039-21871

I. OPERATOR

Operator: El Paso Natural Gas

Address: Box 289, Farmington, New Mexico

Reason(s) for filing (Check proper box):

New Well Change in Transporter of: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change in Ownership

If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>San Juan 28-6 Unit</u>	Well No. <u>49A</u>	Pool Name, including Formation <u>Blanco Mesa Verde</u>	Kind of Lease Lease , Federal Lease Federal	Lease No. <u>SF079192</u>
Location				
Unit Letter <u>D</u>	<u>810</u> Feet From The <u>North</u> Line and <u>880</u> Feet From The <u>West</u>			
Line of Section <u>16</u>	Township <u>28-N</u>	Range <u>6-W</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)
<u>El Paso Natural Gas</u>	<u>Box 289, Farmington, New Mexico</u>
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)
<u>El Paso Natural Gas</u>	<u>Box 289, Farmington, New Mexico</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>D 16 28-N 6-W</u>

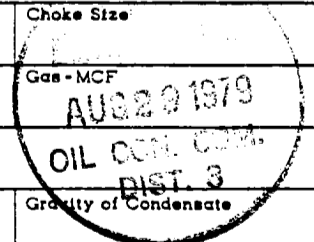
If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
<u>5-24-79</u>	<u>8-15-79</u>	<u>6106'</u>		<u>6089'</u>				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Gas Pay		Tubing Depth				
<u>6627' GL</u>	<u>Mesa Verde</u>	<u>5172'</u>		<u>6037'</u>				
Perforations <u>5172, 5186, 5257, 5269, 5277, 5285, 5293, 5314, 5320, 5326, 5397, 5421, 5426, 5452, 5466, 5473, 5643, 5671, 5679, 5687, 5701, 5710, 5719, 5728, 5737, 5749, 5755, 5762, 5776, 5784, 5802, 5822, 5843, 5872, 5890, 5911, 5931, 5942, 5980, 6002, 6032 w/1 SPZ</u>							Depth Casing Shoe	
							<u>6106'</u>	
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
<u>13 3/4"</u>		<u>9 5/8"</u>		<u>215'</u>		<u>224 cf</u>		
<u>8 3/4"</u>		<u>7"</u>		<u>3781'</u>		<u>269 cf</u>		
<u>6 1/4"</u>		<u>4 1/2" Liner</u>		<u>3641-6106'</u>		<u>431 cf</u>		
		<u>2 3/8"</u>		<u>6037'</u>		<u>tubing</u>		

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
	<u>352</u>	<u>621</u>	

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.

D. G. Duico
(Signature)
Drilling Clerk
(Title)
August 20, 1979
(Date)

OIL CONSERVATION COMMISSION

AUG 31 1979

APPROVED _____, 19____

BY Original Signed by A. R. Kendrick
SUPERVISOR DISTRICT # 5

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 multiple