HO. OF COPIES RECEIVED			
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SANTA FE		1	
FILE		1	L
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	Ľ	<u> </u>
	GAS	1	_
OPERATOR		1	
		1	1

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Supersedes Old C-104 and C-110 Effective 1-1-65

	SANTA FE	KEQUESTIO	ND	Effective 1-1-02		
	FILE		SPORT OIL AND NATURAL GA	AS.		
	U.S.G.S.	AUTHORIZATION TO TRANS	SPORT OIL AND INTOINIA SI			
	LAND OFFICE					
	TRANSPORTER GAS /					
}	OPERATOR /					
_ }	PROPATION OFFICE					
I.	Operator					
	El Paso Natural Ga	s Company				
	Address	- oton NIM 87401				
	PO Box 990, Farmi	ngton, Nivi 87401	Other (Please explain)			
	Reason(s) for filing (Check proper box)	Change in Transporter of:				
	New Well Recompletion	Oil Dry Gas				
	Change in Ownership	Casinghead Gas Condense	ate			
	If change of ownership give name and address of previous owner			19112		
				\ <u>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </u>		
Ħ.	DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, including For	mation Kind of Lease			
	Lease Name	59 Basin Dakota	Star), Federa	or Fee Fee		
	San Juan 29-5 Unit					
	150	O Feet From The North Line	and 1100 Feet From 7	The <u>East</u>		
	Unit Letter H; 135			Rio Arriba County		
	Line of Section 31 Tow	mship 29N Range	5W , NMPM,	TOTAL TRANSPORT		
		TO ON OUT AND NATURAL GAS				
III.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GAS	Address (Give address to which appro	ved copy of this form is to be sem?		
	El Paso Natural Ga	ac Company	PO Box 990, Address (Give address to which appro	Farmington, NM 87401		
	ligme of Authorized Transporter of Uns	imgnericous	Address (Give address to water app.)	Farmington, NM 87401		
	El Paso Natural G	as Company		en		
	If well produces oil or liquids,	Unit Sec. Twp. Rige.	is gas detaily common t			
	annual ration of tanks.	H 31 29N 5W	in alian ander number:			
	If this preduction is commingled with	th that from any other lease or pool, a	give comminging order	Plug Back Same Res'v. Diff. Res'v.		
W	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	plug Back Same Hou		
	Designate Type of Completic	on = (X) X	X Total Depth	P.B.T.D.		
	Date Cyuines	Dute Compl. Ready to Prod. 7-10-72	7906*	7898'		
	4-1-72	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth		
	6475'GL	Dakota	7726*	7848' Depth Casing Shoe		
				7906'		
	7726-38', 7768-74', 7786-98', 7820-26' and 7846-52' TUBING, CASING, AND CEMENTING PECORD SACKS CEMENT					
		TUBING, CASING, AND	DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE 9 5/8"	214*	224 cu. ft.		
	13 3/4"	9 5/8	3733*	284 cu. ft.		
	8 3/4"	4 1/2"	7906*	643 cu.ft		
	6 1/4"	i	7848*	tubing tubing		
_	THE OF PARA AND REQUEST I	FOR ALLOWABLE (Test must be c	ifter recovery of total volume of load o	il and must be equal to or exceed top allow		
,	O 17 () 1 1		Producing Method (Flow, pump, gas	lift, etc.)		
	Date First New Cil Run To Tanks	Date of Test				
		Tubing Pressure	Casing Pressure	Choke Size		
	Lengtr of Test			Gas-MCF		
	Actual Fred, During Test	Oil-Bbis.	Water-Bbis.			
	COUNTY	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Act From Text-MCF/D	3 hours		Choke Size		
	3867 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)			
	Calc. AOF	2317	2641	3/4"		
	VI. OF A PICATE OF COMPLIA	NCE	1	VATION COMMISSION		
			APPROVEDJU	<u> 14 1972</u> , 19		
	I housely certify that the rules an	d regulations of the Oil Conservation	Original Signed	Original Signed by A. R. Kendrick		
	Commission have been complete to	the certify that the rules and regulations of the information given mission have been complied with and that the information given is true and complete to the best of my knowledge and belief.		BY		
			TITLE PERSONNEL	to filed in compliance with RULE 1104.		
			This form is to be filed			
	The state of the s		If this is a request for a	Howable for a newly drilled of deviati		
	rs	ignature), i	well, this form must be acco	coordance with RULE 111.		
Petroleum Engineer (7 ale)			- All sections of this form	All sections of this form must be fired out completely able on new and recompleted wells.		
			able on new and recompleted			
	July 13, 1972		well name or number, or trans	I, II, III, and VI for change of conditions of the filed for each pool in multi-		
		(Date)	Sensiale Forms C-104	must be filed for each pool in multi		
			completed wells.	•		