STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

. ** (*** ***********	l
DISTRIBUTION	
SANTA PE	
FILE	
U.1.G.A.	
LAND OFFICE	
TOLUNTONTON OIL	-] _]
BA	•
OPERATOR	
PROBATION OFFICE	

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

Form C-104 Revised 10-01-78 Format 06-01-83

Separate Forms C-104 must be filed for each pool in multip.

REQUEST FOR	
A	PORT OIL AND NATURAL GAS APR 2 71984
I. Operator	OIL CON. DIN
El Paso Natural Gas Company	TI CON. DIV
Box 4289, Farmington, New Mexico 87499	C/ST. 3
Resson(s) for filing (Check proper box)	Other (Please explain)
New Weil Change in Transporter of: Recompletion Oil Dr	y Gas Conflictante
If change of ownership give name Amoco Production Con and address of previous owner	mpany, 501 Airport Drive, Farmington, N. M.
II. DESCRIPTION OF WELL AND LEASE	
San Juan 29-4 Unit 24 E. Blanco Pi	ictured Cliffs XMMXFederal XXXXXX SF 079757
Location	
Unit Letter B: 1220 Feet From The North Lin	e and 2250 Feet From The East
tine of Section 9 Township 20N Range	4W NMPM Rio Arriba County
Line of Section 8 Township 29N Range	4W , NMPM, Rio Arriba County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	C GAS
Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	Box 4289, Farmington, New Mexico 87499
Name of Authorized Transporter of Casinghead Gas or Dry Gas 🔀	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation	Box 90, Farmington, New Mexico
If well produces oil or liquids, give location of tanks. B 8 29N 4W	Is gas actually connected? When
If this production is commingled with that from any other lease or pool,	give comminging order names.
NOTE: Complete Parts IV and V on reverse side if necessary.	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED APR 27/1984
been complied with and that the information given is true and complete to the best of	
my knowledge and belief.	BY Shared Sand
	TITLESUPERVISOR DISTRICT #3
A & Suiza	This form is to be filed in compliance with RULE 1104.
(Signature)	If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
Drilling Clerk (Title)	All sections of this form must be filled out completely for allo-
April 25, 1984	able on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owns
(Date)	well name or number, or transporter, or other such change of condition

		Oil Well	C W					••		
Designate Type of Complet	ion – (X)	, OII MAII	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Res	
Date Spudded	Date Compi. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	Name of Producing Formation			a Pay		Tubing Depth			
Perforations								•••	•	
	at roaditous						Depth Castr	ng Shoe		
		TUBING,	CASING, ANI	D CEMENTI	NG RECORD	,		· · · · · · · · · · · · · · · · · · ·		
HOLE SIZE	CASIN	G & TUBI			DEPTH SE		SA	CKS CEMEN	T	
				 -						
	I									
TEST DATA AND PEOUES	C EOR ATTO	WADEE #	-	<u> </u>						
7. TEST DATA AND REQUEST OIL WELL			Test must be a able for this de	part or de jor	mit 24 nowre)			quel to or exce	ed top allo	
7. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks	FOR ALLO		Test must be a able for this de	part or de jor	of total volum (ull 24 hours) (ethod (Flow,			qual to or exce	ed top allo	
			Fest must be a ble for this de	part or de jor	dethod (Flow,			qual to or exce	ed top allo	
Date First New Oil Run To Tanks	Date of Test		Feet must be a able for this de	Producing h	setted (Flow,		Choke Size	qual to or exce	ed top allo	
Date First New Oli Run To Tanks Length of Test	Date of Test		Fest must be a ble for this de	Producing A	setted (Flow,	pump, gas i	ift, etc.)	qual to or exce	ed top allo	
Date First New Oli Run To Tanks Length of Test	Date of Test		Test must be a ble for this de	Producing A	setted (Flow,	pump, gas i	Choke Size	qual to or exce	ed top allo	
Date First New Oli Run To Tanks Length of Test Actual Pred, During Test	Date of Test	Euro .	Test must be a sble for this de	Producing A	setted (Flow,	pump, gas i	Choke Size		ed top allo	
Date First New Oil Run To Tanks Length of Test Actual Pred. During Test AS WELL	Tubing Pres Cil-Shis.	euro		Producing has Conde	sethod (Flow,	pump, gas i	Choke Size Gas-MCF		ed top allo	

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION		OIL CON	ISERVA
SANTA PE			P. O. BOX
FILE			
U.S.G.S.	- - -	SANIA	FE, NEW
LAND OFFICE			
TRANSPORTER GAS		DF	QUEST FOR
OPERATOR	 .	NE.	ANI
PROBATION OFFICE		AUTHODIZATION	
I.		AUTHORIZATION T	IU IRANSPO
Operator		•	
El Paso	Natural Ga	s Company	
Address			
Roy 128	0 Farmingt	on New Merico	87400
		on, New Mexico	37499
Reeson(s) for filing	(Check broper sox		
New Well		Change in Transporte	r of:
Recompletion		OII	Dry
X Change in Owne	wship	Casinghead Gas	V Con
(A) Change in Curr			
If change of owners and address of prev	ship give name vious owner	Amoco Production	Company,
II. DESCRIPTION	I OF WEIL AN	DIFASE	
Lease Name	OI WELL MI	Well No. Pool Name	Including For
San Jua	n 29-4 Unit	24 Unde	signated
Location	•		
R	122	0 Feet From The No	orth
Unii Letter B	;;	Feet From The 110	Line
Line of Section	8 To	wnship 29N	Range
III. DESIGNATIO	ON OF TRANSI	PORTER OF OIL AND	NATURAL
Name of Authorized	Transporter of Oil	PORTER OF OIL AND or Condensate (XI I
E1 D	N-41 C-	- C	j
EI Paso	Natural Ga	singhead Gas or Dry	
Name of Authorized	Transporter of Car	singhead Gas () or Dry	Gas (X)
Northwe	st Pipeline	Corporation]
		Unit Sec. Twp.	Rge.
If well produces oil	or liquids,	•	
give location of tan	ks.	B 8 291	1 : 4W
If this production i	s commingled wi	th that from any other les	se or pool, g
NOTE: Complet	te Parts IV and	V on reverse side if nec	essary.
VI. CERTIFICATI			
I hereby certify that the been complied with an my knowledge and be	d that the informati	ions of the Oil Conservation I on given is true and complete	Division have to the best of
	4 8.		

(Signature)

(Title)

(Date)

Drilling Clerk

April 25, 1984

Form C-104 Revised 10-01-78 Format 06-01-83

SANTA PE		 	⊣	OIL	. CONS	PEKVA	NOIL	חובו עוטוע	JIN		Page 1	
FILE		╂╼╂╼	4			P. O. BO	X 2088	•				
U.S.G.S.		 		5.	ANTAF	E NEW	MEXIC	0 87501		+ *		
LAND OFFICE		 	-	٠.		_,				P		
	OIL		-					•			-	
TRANSPORTER	BAS		7		PFO	JEST FOR	ALLOW	ARIF		Lar L. D.	· •	
OPERATOR			1 .				4D			V		
PROBATION OF	ICE		1	AUTHORIZA	4 TION TO			AND MATE	IDAL CAS	•		
				AUTHORIZA	ATION TO	- IKANSP	OKT OIL	AND NATE	JRAL GAS	APRO.	نه د	
Operator					•					7/L CO.	7984	₩
E1 P	aso	Natu	ral Gas C	ompany	-					- COV	<u> </u>	
Box	4289	, Fa	rmington,	New Mex	ico 87	7499				DIL CON.	, U/V.	
Reeson(s) for fi								Other (Pleas	e explain)			
New Well				Change in Tr	anaporter o	of:		•	•			
≒ `					unsporter (y Gas			•		
Recompleti	on			<u></u> □ ···		=	· .					
X Change in (Owners	hip		Casingh	ead Gas	<u> </u>	ndensate					
change of owned address of	previ	ous ow			ction (Company	, 501 A	irport I	Orive, F	armington,	N. M.	87401
Legse Name	ION	OI W	ELL MAD LE	Well No. Po	ol Name, I	ncluding Fo	notion		Kind of Le	ase		Lease No.
	Juan	29-	4 Unit	24	-	gnated)	ŞuyuşXFed	era ķķķķķ X	SF	079757
Location			•	·								
Unit Letter_	В		: 1220	_Feet From T	ne Nor	th Lin	and	2250	Feet Fro	om TheEa	st	· · · · · · · · · · · · · · · · · · ·
Line of Sect	Ion		8 Township	• 29N	· I	Range	4W	, NMP	м, R	io Arriba		County
II. DESIGNA	יחדר	V OF	TR A NSPORT	TER OF OII	ANDN	ATTIRAT	GAS					
Name of Author					ensate (Address (Give address	to which ap	proved copy of th	is form is to	be sent)
						•	Par	4200 Ea		n Navi Mass	07/	100
			ral Gas C		or Dry G	(38	DOX	4209, Fa	rmingto	n, New Mex proved copy of th	100 8/4	he sensi
Name of Author					=	as (_A)	1 _					
Nort	nwes	t P13	peline Co							New Mexic	<u>o 8/401</u>	<u> </u>
If well produce give location o			s, Uni	B 8	Twp. 29N	Rge.	is gas ac	NO	:1 0 4?	When		
this product	ion is	commi	ngled with the	at from any o	other leas	e or pool,	give comm	ningling ord	er number:			
NOTE: Com	nplete	Parts	IV and V on	reverse side	e if necess	sary.						
71. CERTIFIC								OIL (CONSERV	ATION DIVI	SION	
									V D D	07 100	1	
hereby certify the	hat the	rules 21	nd regulations of	t the Oil Cons	ervation Div	vision have	APPR	OVED	-APK	~~ (1984	· '	19
een complied wi			information giv	en is true and o	complete to	tile pest of		Orio	ninal C: I	L FRANCE		
ny knowledge ar	IC DETTE	1.					BY	911	amai sidusq	by FRANK T. (HAVEZ	
							11					

APPROVED	APR 27 1984
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 deepens 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 allow able 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 multipl completed wells.

ion - (X)	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res's		
Date Compl. Ready to Pro	xd.	Total Depti	1		P.B.T.D.	P.B.T.D.			
Name of Producing Forma	tion	Top Oll/Go	a Pay		Tubing Depth				
Perforations					Depth Casis	ng Shoe			
TUBING, C	ASING, AN	D CEMENTI	NG RECOR	D					
				S/	SACKS CEMENT				
									
FOR ALLOWABLE (Te	et must be a le for this di	fter recovery	of total volum	ne of load oil	and must be e	qual to or exce	red top allo.		
Date of Test					ift, etc.)	· · · · · · · · · · · · · · · · · · ·	·		
Tubing Pressure		Casing Pres	sewe		Choke Size				
Oil-Bhis.		Water - Bbis	•		Gas-MCF				
<u> </u>		<u> </u>			1	-			
Length of Test		I Bbla Conde			<u> </u>		 		
200900000000000000000000000000000000000		BBIS. Cond	onsate/MMCF		Gravity of C	Condensate			
Tubing Pressure (Shut-in	-)	Casing Pres	swe (Shut-	in)	Choke Size				
	TUBING, C CASING & TUBING FOR ALLOWABLE (Teab) Date of Test Length of Test	Date Compi. Ready to Prod. Name of Producing Formation TUBING, CASING, AN CASING & TUBING SIZE FOR AILOWABLE (Test must be a able for this did Date of Test Tubing Pressure Oil-Bbis.	Date Compl. Ready to Prod. Date Compl. Ready to Prod. Total Depth T	Date Compl. Ready to Prod. Date Compl. Ready to Prod. Top Oll/Gas Pay TUBING, CASING, AND CEMENTING RECOR CASING & TUBING SIZE DEPTH SE TOR ALLOWABLE (Test must be after recovery of total value able for this depth or be for full 24 hours. Date of Test Tubing Pressure Casing Pressure Oil-Bbis. Water-Bbis. Length of Test Bbis. Condensate/MMCF	Date Compi. Ready to Prod. Date Compi. Ready to Prod. Total Depth	Date Compl. Ready to Prod. Total Depth P.B.T.D. Name of Producing Formation Top Oil/Gas Pay Tubing Depth Casis TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET SA FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be able for this depth or be for full 24 hours) Date of Test Producing Method (Flow, pump, gas lift, etc.) Tubing Pressure Casing Pressure Choke Size Cill-Bbis. Water-Bbis. Gas-MCF	Date Campi. Ready to Prod. Date Campi. Ready to Prod. Total Depth P.B.T.D. Name of Producing Formation Top Oil/Gas Pay Tubing Depth Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET SACKS CEMEN FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceedable for this depth or be for full 24 hours) Date of Test Producing Method (Flow, pump, gas lift, etc.) Tubing Pressure Casing Pressure Choke Size Oil-Bbis. Water-Bbis. Gas-MCF Caratty of Condensate		