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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

Operator		EL PASO NATURAL GAS CO.	
Address		BOX 289, FARMINGTON, NEW MEXICO	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name
and address of previous owner

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
SAN JUAN 32-9 UNIT 28A		BLANCO MESA VERDE	State, Federal or Fee	SF 078507
Location				
Unit Letter	F	1835 Feet From The	N	Line and 1660 Feet From The
			W	
Line of Section	26	Township	32N	Range 10W, NMPM, San Juan 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"/>	Address (Give address to which approved copy of this form is to be sent)
EL PASO NATURAL GAS CO.				BOX 289, FARMINGTON, NEW MEXICO
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 CO.				BOX 289, FARMINGTON, NEW MEXICO
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	F	26	32N	10W
				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 Res'tv.	Diff. Res'tv.	
		X	X						
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
8/24/78	10/17/78		6483'			6466'			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top/Gas Pay			Tubing Depth			
6970'	MV		5695'			6348'			
Perforations	5695, 5707, 5719, 5729, 5745, 5749, 5795, 5801, 5856, 5949, 5953, 5965, 5970, 5995, 5999 Select Shots. 6105, 6109, 6129, 6133, 6137, 6151, 6155, 6159, 6183, 6188, 6207, 6222, 6245, 6303, 6335, 6357 Select Shots.					Depth Casing Shoe			
						6483'			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
13 3/4"	9 5/8"		228'			277 cf.			
8 3/4"	7"		4108'			615 cf.			
6 1/4"	4 1/2" liner		6483'			434 cf.			
	2 3/8"		6348'			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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke
	224	712	

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED: NOV 17 1978, 19	
BY: Original Signed by A. R. Kendrick		BY: STEPHEN R. DICKSON	
TITLE: Drilling Clerk		TITLE: STEPHEN R. DICKSON	
11/15/78		This form is to be filed in compliance with RULE 1104.	
(Date)		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.	