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PROBATION OFFICE		T**	

NEW MEXICO OIL CONSERVATION COMMISSION



	FILE	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS ALIC 2 0 1000					
	U.S.G.S.						
	LAND OFFICE		The time that once	700291967			
	TRANSPORTER GAS /			OIL CON. COM.			
	OPERATOR 2			DIST. 3			
I.	PRORATION OFFICE						
Coperator El Paso Natural Gas Company							
	Box 990, Farmington, New Maxico - 87401						
	Reason(s) for filing (Check proper box)						
	New Well	Change in Transporter of:					
	Recompletion Change in Ownership	Oil Dry Ga Casinghead Gas Conder	Ħ l				
	If change of ownership give name						
	and address of previous owner	LEAGE					
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fe	ormation Kind of Lea	se Lease No.			
	San Juan 28-5 Unit	73 Basin Dakota	State, Feder	ral or Fee			
	Unit Letter G; 1845	Feet From The North Lin	ne and 1845 Feet From	The East			
	Line of Section 35 Tow	mship 281 Range	5W , NMPM, Rio A	rriba County			
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate X		oved copy of this form is to be sent)			
	El Paso Natural Gas Com	meny	Box 990, Farmington,				
	Name of Authorized Transporter of Cas	_	Address (Give address to which approved copy of this form is to be sent)				
	El Paso Natural Gas Con If well produces oil or liquids,	Unit Sec. Twp. Rge.	Box 990, Farmington, Is gas actually connected?	New Mexico hen			
	give location of tanks.	G 35 28W 5W					
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:				
- • •	Designate Type of Completio	on - (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.			
	, , , , , , , , , , , , , , , , , , , ,	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.			
	7-4-67	8-17-67	80101	7930'			
	Elevations (DF, RKB, RT, GR, etc.) 6657 GL	Name of Producing Formation Dekota	To X8X /Gas Pay 7706 •	Tubing Depth 7694*			
	Perforations 7804-16, 7866-90, 7906-14			Depth Casing Shoe			
		<u> </u>	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	13 3/4" 7 7/8"	9 5/8" 4 1/2"	342° 8010°	610 Sks.			
	4 1/2"	2 3/8"	76941	Tubing			
	MEGERAL AND RECUESE S	OR ALLOWARIE /To-	feer recovery of social values of land of	l and must be equal to as exceed ton allow-			
٧.	TEST DATA AND REQUEST FOR ALLOWABLE (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	ujt, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF			
	GAS WELL			<u> </u>			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	3300 Testing Method (pitot, back pr.)	3 Hours Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size			
	Calculated A.O.F.	2731	2727	3/4"			
VI.	VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION COMMISSION AUG 29 1967				
			APPROVED, 19				
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		By Original Signed by Emery C Arnold					
			TITLE SUPERVISOR DIST #3				
	- Ori	iginal signed by	This form is to be filed in compliance with RULE 1104.				
	Carl E. Matthews		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				
	(Signa Petroleum Engineer	ature)	tests taken on the well in accordance with RULE 111.				

(Title)

(Date)

August 25, 1967

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.