		_		1			
	NO. OF COPIES RECEIVED						
	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMM	MISSION	Form C-104		
	SANTA FE	REQUEST	FOR ALLOWABLE		Supersedes Old C-104 and	C-11	
	FILE / L		AND		Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND	NATURAL GA	S		
	LAND OFFICE	-					
	TRANSPORTER GAS /	1					
	OPERATOR 2						
I.	PRORATION OFFICE						
	El Paso Natural Gas Co	mbenA					
	Box 990, Farmington, N	ew Mexico - 87401					
	Reason(s) for filing (Check proper box	,	Other (Pleas	e explain)			
	New Well	Change in Transporter of:	_				
	Recompletion Change in Ownership	Oil Dry Ga Casinghead Gas Conden					
	If change of ownership give name and address of previous owner						
	-	· P. CP.					
11.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including Fo	ormation	Kind of Lease	Lease	,	
	San Juan 28-5 Unit	74 Basin Dakota		State, F <b>M</b> eral c	Fee SF 07952	2-A	
	Location N 165	0 South	1695		West		
	omic Letter		e 311d	Feet From The			
	Line of Section 36 To	wnship 281 Range	<b>5W</b> , NMPN	A, Rio Ar	riba Cou	nty	
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S				
	Name of Authorized Transporter of Oil				copy of this form is to be sent)		
	El Paso Natural Gas Co	singhead Gas or Dry Gas T	Box 990, Farm	to which approved	copy of this form is to be sent)	-	
	El Paso Natural Gas Co		Box 990, Far				
		Unit Sec. Twp. Rge.	is gas actually connect				
	If well produces oil or liquids, give location of tanks.	n 36 28n 5w					
	If this production is commingled wi	th that from any other lease or pool,	give commingling orde	r number:			
	COMPLETION DATA	Oil Well Gas Well	New Well Workover		Plug Back Same Resty. Diff. R		
	Designate Type of Completic		X Well Wolkever	Deepen	James Head V. Dilli H		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	- F	P.B.T.D.		
	6-21-67	8-2-67	8706	;	8 <b>660</b>		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top 1/Gas Pay		Tubing Depth		
	7355 ' GL	Dakota	8414'		83941		
	Perforations 01:11:28 8511:20 8502	:KA8			Depth Casing Shoe		
	8414-38, 8514-30, 8592-6608  TUBING, CASING, AND CEMENTING RECORD						
	1101 5 6175	CASING & TUBING SIZE	DEPTH S		SACKS CEMENT		
	HOLE SIZE	10 3/4"	419		3658ks.		
	9 7/8"	7 5/8"	4501	150	150 Sks.		
	6 3/4"	5 1/2"	8 <b>337'</b>		300 Sks.		
	4 3/4"	4" Liner	8277-8706		150 Sks.		
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a 2 3/8" Tog. able for this de	fter recovery of total volu	ume of load oil and	i must be equal to or exceed top	allow-	
	OIL WELL	Date of Test	Producing Method (Flor	w. nump. sas lift.	etc.)		
	Date First New Oil Run To Tanks	Date of Feet	, , , , , , , , , , , , , , , , , , , ,	., , ,, ,,,,,,	194 C		
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.		as - MCF		
					MOS CON COM.		
	<u> </u>				1.5.3		
	GAS WELL		T-111-0-1-10-10-10-10-10-10-10-10-10-10-1	.=			
	Actual Prod. Test-MCF/D 5792	Length of Test  3 Hours	Bbls. Condensate/MMC	F C	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in)	Choke Size		
	Calculated A.O.F.	2672	2661.		3/4"		
VI.	CERTIFICATE OF COMPLIAN	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	HOU "	, 19		
			By Original Signed by Emery C. Arnold				
	MODULE IN TOTAL MODEL COMPLETE TO TO				-		
	above is true and complete to the	best of my knowledge and bellet.	CITO	ERVISOR DIST	Γ. #3		
		al signed by		ERVISOR DIS	T. #3		

Petroleum Engineer	(Signature)	
August 22, 1967	(Title)	
	(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.