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FILE				
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL	1		
	GAS	.1		
OPERATOR		2		
PRORATION OFFICE				
Operator				
			-	

1.	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  I RANSPORTER  OPERATOR  PROBATION OFFICE  Operator  El Paso Natural Gas Company  NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  Form C-104 Supersedes Old C-104 and C- Effective 1-1-65  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  PROBATION OFFICE  Operator  El Paso Natural Gas Company				
	Reason(s) for filing (Check proper box New We!! Recompletion Change in Ownership If change of ownership give name			)	
11.	and address of previous owner  DESCRIPTION OF WELL AND	LEASE			
	Lease Name San Juan 28-6 Unit	Well No. Pool Name, Including F  106 Basin Dekot	i	Lease No.  SF 080505-A	
	Unit Letter G; 175	Feet From The North Lin		From The Fast  io Arriba County	
III.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oi El Paso Natural Gas Co		Address (Give address to which Box 990, Farmingto	approved copy of this form is to be sent)	
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Company		Address (Give address to which approved copy of this form is to be sent)  Box 990, Farmington, New Nexico		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <b>6W</b>	Is gas actually connected?	When	
	If this production is commingled w. COMPLETION DATA	with that from any other lease or pool,	give commingling order numbe	r:	
	Designate Type of Completi	ion - (X) Oil Well Gas Well	New Well Workover Deep	en. Plug Back Same Restv. Diff. Restv.	
	Date Spudded 7-9-67	Date Compl. Ready to Prod. 8-3-67	Total Depth Solid .	P.B.T.D.	
	Elevations (DF, RKE, RT, GR, etc.)	Name of Producing Formation  Dakota	Top XX/Gas Pay	Tubing Depth 7789'	
	Perforations 7792-7804, 7882-94, 79	928-40, 7964-76'		Depth Casing Shoe	
	HOLE SIZE	TUBING, CASING, AND	D CEMENTING RECORD DEPTH SET	SACKS CEMENT	
	13 3/4"	9 5/8"	312'	200 Sks.	
	8 3/4	7"	3835'	170 Sks.	
	6 1/4	4 1/2"	8044 ' 7789 '	500 Sks.	
V.	4 1/2" TEST DATA AND REQUEST F	2 3/8"  FOR ALLOWABLE (Test must be a		Tubing ad oil and must be equal to or exceed top allow-	
OII. WELL able for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks Date of Test		/RLLIVED		
	Length of Test	Tubing Pressure	Casing Pressure	Chok Siz	
	Actual Prod. During Test	Oil-Bhis.	Water-Bbls.	OIL CON. COM.	
	GAS WELL			DIST. 3	
	Actual Prod. Test-MCF/D	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.) Calculated A.O.F.	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 2680	Choke Size	
VI.	CERTIFICATE OF COMPLIAN		<del></del>	PATION 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.  Original signed by Carl E. Matthews		APPROVED			
		SUPERVISOR DIST. #3			
		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened			
	(Sign Petroleum Engineer	rnature)	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-		
	August 22, 1967		able on new and recompleted wells.  Fill out only Sections I. II. III. and VI for changes of owner,		
(Date)		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.