SANTA FE /	1	L CONSERVA
FILE	REQUE	ST FOR ALL
U.S.G.S.	AUTHORIZATION TO 1	AND TOODSIALOT
LAND OFFICE		I KANSI OK I
TRANSPORTER GAS .	-	
OPERATOR		
PRORATION OFFICE		
El Paso Notural Ga	s Company	
Box 990, Formingto Reason(s) for filing (Check proper be	on, New Mexico 87401	<u>-</u>
New Well	Change in Transporter of:	
Recompletion	Oil Dry	Cas X
Change in Ownership	Casinghead Gas Cor	ndensate
f change of ownership give name nd address of previous owner		
DESCRIPTION OF WELL AND	D LEASE.	c Formation
San Juan 28-6 Unit	126 Basin	·
Location Unit Letter ;;	800 Feet From The South	Line and
		£ d
Line of Section 16 T	ownship 2877 Range	
DESIGNATION OF TRANSPORMENT OF Authorized Transporter of C	RTER OF OIL AND NATURAL or Condensate	GAS Address (G
El Paso Natural Ga	s Company	Вох 99
	asinghead Gas or Dry Gas X	Address (C
Northwest Pipeline	Corporation Twp. Rge.	501 Ai
if well produces oil or liquids, give location of tanks.		
	N 16 28N 6W	
	vith that from any other lease or poo	
COMPLETION DATA	vith that from any other lease or po	ol, give commi
COMPLETION DATA Designate Type of Complet	vith that from any other lease or po	ol, give commi
Designate Type of Complet	ion - (X) Date Con.pl. Ready to Prod.	ol, give commi
Designate Type of Complet Dute Spudded Elevations (DF, RKB, RT, GR, etc.,	ion - (X) Date Con.pl. Ready to Prod.	New Well Total Depti
Designate Type of Complet Dute Spudded Devations (DF, RKB, RT, GR, etc.,	ion - (X) Date Con.pl. Ready to Prod. Name of Producing Formation	New Well Total Dept Top Otl/Go
Designate Type of Complet Date Spudded Dete Spudded Devations (DF, RKB, RT, GR, etc.) Perforations	ion - (X) Date Con.pl. Ready to Prod. Name of Producing Formation TUBING, CASING, A	New Well Total Dept Top Oil/Go
OMPLETION DATA Designate Type of Complet Date Spudded Devotions (DF, RKB, RT, GR, etc.)	ion - (X) Date Con.pl. Ready to Prod. Name of Producing Formation	New Well Total Dept Top Oil/Go
Designate Type of Complet Date Spudded Dete Spudded Devations (DF, RKB, RT, GR, etc.) Perforations	ion - (X) Date Con.pl. Ready to Prod. Name of Producing Formation TUBING, CASING, A	New Well Total Dept Top Otl/Go
Designate Type of Complet Dute Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations	ion - (X) Date Con.pl. Ready to Prod. Name of Producing Formation TUBING, CASING, A	New Well Total Depti
Designate Type of Complet Dute Spudded Elevations (DF, RKB, RT, GR, etc.,) Perforations HOLE SIZE	Oil Well Gas Well ion - (X) Date Con.pl. Ready to Prod. Name of Producing Formation TUBING, CASING, A CASING & TUBING SIZE FOR ALLOWABLE (Test must b.)	Total Dept Top Oil/Go
Designate Type of Complet Dute Spudded Elevations (DF, RKB, RT, GR, etc.,) Perforations HOLE SIZE TEST DATA AND REQUEST FOIL WELL	Oil Well Gas Well ion - (X) Date Con.pl. Ready to Prod. Name of Producing Formation TUBING, CASING, A CASING & TUBING SIZE FOR ALLOWABLE (Test must b.)	New Well Total Depti
Designate Type of Complet Dute Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE PEST DATA AND REQUEST FOIL WELL Date First New Cil Run To Tanks	Date Con.pl. Ready to Prod. Name of Producing Formation TUBING, CASING, A CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this	Total Dept Top Oil/Go
Designate Type of Complet Dute Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE PEST DATA AND REQUEST FOIL, WELL Date First New Cil Run To Tanks Length of Test	Oil Well Gas Well ion - (X) Date Con.pl. Ready to Prod. Name of Producing Formation TUBING, CASING, A CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this	Total Dept Top Oil/Go ND CEMENT! e after recovery depth or be for Producing Casing Pre
Designate Type of Complet Dute Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE PEST DATA AND REQUEST FOIL, WELL Date First New Cil Run To Tanks Length of Teet Actual Prod. During Test	TUBING, CASING, A CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this	Total Dept Top Oil/Go ND CEMENT! e after recovery depth or be for Producing Casing Pre
Designate Type of Complet Dute Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE PEST DATA AND REQUEST FOIL WELL Date First New Cil Run To Tanks Length of Test Metual Prod. During Test	TUBING, CASING, A CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this	Total Dept Top Oil/Go New Well Total Dept Top Oil/Go ND CEMENT! e after recovery depth or be for Producing in the common to
Designate Type of Complet Dute Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST FOIL, WELL Date First New Cil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	TUBING, CASING, A CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this Date of Test Tubing Pressure Oil-Bbls.	New Well Total Dept Top Oil/Go ND CEMENT! e after recovery depth or be for Producing Casing Pre
Designate Type of Complet Dute Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations	TUBING, CASING, A CASING & TUBING SIZE Tubing Pressure Oil-Bbls. Coli Well Gas W	New Well Total Dep Top Oil/G ND CEMENT e after recovery depth or be for Producing Casing Producing Water-Bbl

SANTA FE /	•	CONSERVATION COMMISSION	Form C-104		
FILE	REQUEST	REQUEST FOR ALLOWABLE AND			
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS		
LAND OFFICE			O		
TRANSPORTER GAS .	_				
OPERATOR					
PRORATION OFFICE Operator			· · · · · · · · · · · · · · · · · · ·		
El Paso Notural Ga	s Company				
Box 990, Formingto	n, New Mexico 87401				
Reason(s) for filing (Check proper bo	Change in Transporter of:	Other (Please explain)			
Recompletion	OII Dry G	≓ !			
Change in Ownership	Casinghead Gas Conde	nsate			
and address of previous owner					
DESCRIPTION OF WELL AND Lease Name	LEASE Well No. Pool Name, Including F	ormation Kind of Leas	e Lease No.		
San Juan 28-6 Unit	126 Basin Da	kota State, Federa	_ 1		
Unit Letter N	800 Feet From The South Lir	ne and 1770 Feet From	TheWest		
Line of Section 16 To	ownship 2811 Range	6W . MMPM, Rio A	rriba County		
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	AS Address (Give address to which appro	ved copy of this form is to be sent!		
El Paso Natural Ga		Box 990, Farmington, N			
Name of Authorized Transporter of C	ame of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which ap)		ved copy of this form is to be sent)		
Northwest Pipeline	Corporation Twp. Rge.	Is gas actually connected? Wh	mington, New Mexico 87401		
If well produces oil or liquids, give location of tanks.	N 16 28N 6W				
If this production is commingled w COMPLETION DATA	ith that from any other lease or pool, Oil Well Gas Well	give commingling order number: New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
Designate Type of Complet		How were worker begren			
Dute Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Perforations			Depth Casing Shoe		
	· · · · · · · · · · · · · · · · · · ·	CEMENTING RECORD	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMER!		
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil pih or be for full 24 hours)	and must be equal to or exceed top allow-		
OII, WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, past)	CANTO /		
	The transfer of the transfer o	Casing Pressure	Choke Stzend		
Length of Test	Tubing Pressure	Cdsing Pressure	Choke Sizera		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	CON 3		
			DIST. 3		
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
OFFITTIOATE OF COURT IAN	CF	OIL CONSERVA	TION COMMISSION		
CERTIFICATE OF COMPLIANCE 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 beat of my knowledge and belief.		FEP " 107A			
		Original News Control			
		PETROLEUM ENGINES DIST. NO. 3			
	,	11166			
		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened			
(Signature)		well, this form must be accompa- tests taken on the well in accor	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.		
	(rla)	All sections of this form mu	at be filled out completely for allow-		
FEB 4 1974		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 trunsporter, or other such change of condition,			

well name or number, or transporter, or other such change of condition.