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SANTA FE		1	
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LAND OFFICE			
TRANSPORTER	OIL	/	
	GAS	/	
OPERATOR		1	ļ
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1.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OPERATOR PRORATION OFFICE Operator El Paso Natural Gas C	REQUEST I	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL (Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
	Box 990, Farmington, Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership	New Mexico Change in Transporter of: Oil Dry Gas Casinghead Gas Conden			
	If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND I Lease Name San Juan 28-4 Unit Location Unit Letter M ; 990	Well No. Pool Name, Including Fo	e and 790 Feet From	The West	
ш.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil El Paso Natural Gas Co Name of Authorized Transporter of Cast El Paso Natural Gas Co	or Condensate 🔏 Ompany inghead Gas or Dry Gas 🔀		wed copy of this form is to be sent)	
IV.	If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion	Oil Well Gas Well		Plug Back Same Restv. Diff. Restv.	
	Date Spudded 9-11-67 Elevations (DF, RKB, RT, GR, etc.) 7321 GL	Date Compl. Ready to Prod. 10-10-67 Name of Producing Formation Dakota	Total Depth 8651 Top 202 / Gas Pay 8404 •	P.B.T.D. 8612' Tubing Depth 8383'	
	Perforations 8404-18, 8502-18, 8554-60, 8572-80, 8592-8600' TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT				
	13 3/4" 8 3/4" 6 1/4"	9 5/8" 7" 4 1/2" 2 3/8"	240° 4472° 8651° 8383°	200 Sks. 150 Sks. 440 Sks. Tubing	
V.	TEST DATA AND REQUEST FOOIL. WELL Date First New Oil Run To Tanks	OR ALLOWABLE (Test must be a able for this de	Producing Method (Flow, pump, gas l	ift, etc.) Choke Size	
	Length of Test Actual Prod. During Test	Tubing Pressure Oil-Bbls.	Casing Pressure Water-Bbis.	Gas-MCF C. 31967	
	I			Dist. 3	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	2736 Testing Method (pitot, back pr.)	3 Hours Tubing Pressure (Shut-in)	Casing Pressure (Shut-i:a)	Choke Size	
	Calculated A.O.F.	2537	2537	3/4"	
VI	VI. 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 best of my knowledge and belief.			ATION COMMISSION	
			APPROVED OCT 20 1967 . 19		
			TITLE SUPERVISOR THE #3 This form is to be filed in compliance with RULE 1104.		
		al Signed F. H. WOOD	If this is a request for allo	wable for a newly drilled or deepened anied by a tabulation of the deviation	
	Petroleum Engineer	ature)	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
	October 17, 1967	ate)	well name or number, or transpo	II. III. and VI for changes of owner, reen or other such change of condition. set be filed for each pool in multiply	