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TRANSPORTER	OIL	
	GAS	
OPERATOR		2
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-55

Operator El Paso Natural Gas Company	
Address Box 990, Farmington, New Mexico	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-4 Unit	Well No. 30	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/>	Lease No. ST 079732
Location 1565				
Unit Letter G	15	Feet From The North	Line and 1830	Feet From The East
Line of Section 31	Township 28N	Range 4W	, NMPM, Rio Arriba County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Company	Box 990, Farmington, New Mexico			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Company	Box 990, Farmington, New Mexico			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 31	Twp. 28N	Rge. 4W
Is gas actually connected?		When		

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 10-30-67	Date Compl. Ready to Prod. 11-29-67	Total Depth 8701	P.B.T.D. 8665'					
Elevations (DF, RKB, RT, GR, etc.) 7303' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 8456'	Tubing Depth 8442'					
Perforations 8456-66. 8526-34, 8548-60. 8608-38, 8648-58'			Depth Casing Shoe 8701'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	214'	200 Sks.					
8 3/4"	7"	4482'	180 Sks.					
6 1/4"	4 1/2"	8701'	440 Sks.					
	2 3/8"	8442'	Tubing					

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(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 lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			1 1/2"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
			OIL CON. COM. DIST. 3

GAS WELL

Actual Prod. Test-MCF/D 5484	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Calculated A.O.F.	Tubing Pressure (shut-in) 2671	Casing Pressure (shut-in) 2684	Choke Size 3/4"

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.

(Original Signed F. H. WOOD

(Signature)

Petroleum Engineer (Title)

12-7-67

(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 12 1967**
BY **Original Signed by Emory C. Arnold**
TITLE **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 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.