

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83

RECEIVED
JAN 10 1986
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
El Paso Natural Gas Company

Address
P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> 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

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-5 Unit	Well No. 76M	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, (Federal) or Fee	Lease No. SF 079519A
Location				
Unit Letter <u>C</u> : <u>990</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u>				
Line of Section <u>21</u> Township <u>28N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

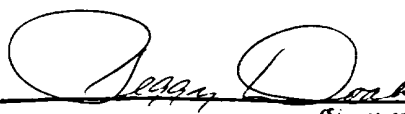
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <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	P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>C</u> Sec. <u>21</u> Twp. <u>28N</u> Rge. <u>5W</u>	No

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.


(Signature)
Drilling Clerk
(Title)
1-8-86
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 10 1986
Original Signed by FRANK T. CHAVEZ
BY _____
SUPERVISOR DISTRICT # 3
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multi-completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Res'v.	Drill Re
			X	X					
Date Spudded 10-9-85	Date Compl. Ready to Prod. 1-2-86	Total Depth 8049'				P.B.T.D. 8036'			
Elevations (DF, RKB, RT, CR, etc.) 6607' GL	Name of Producing Formation Blanco Mesa Verde	Top Oil/Gas Pay 5294'				Tubing Depth 6052'			
Perforations 5294, 5305, 5309, 5313, 5317, 5331, 5343, 5347, 5351, 5355, 5382, 5386,							Depth Casing Shoe 8044'		
* Continued Perf's Listed Below TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"		13 3/8"		224'		295 cu ft			
12 1/4"		9 5/8"		3931'		689 cu ft			
8 3/4"		7" Liner		3767-6334'		655 cu ft			
6 1/4"		4 1/2" Liner		6220-8044'		275 cu ft			

** Continued Tubing depth's, etc., listed at bottom of back page I
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able 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	Chase Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 2058	Length of Test SI 7 Days	Bbls. Condensate/MCF 256 MCF/D	Gravity of Condensate 0
Testing Method (shot, back pr.) Back Pressure	Tubing Pressure (Shot-Is) SI 895	Casing Pressure (Shot-Is) SI 929	Chase Size 3/4"

* Continued Perf's:

5390, 5402, 5416, 5428, 5489, 5564 w/1 SPZ. (Mass. Pt.) 5667, 5670, 5673, 5676, 5679, 5682, 5685, 5688, 5691, 5694, 5697, 5700, (2nd set) 5637, 5650, 5718, 5734, 5743, 5774, 5786, 5803, 5815, 5819, w/1 SPZ. 2nd stage 5859, 5890, 5894, 5908, 5931, 5953, 5985, 6025, 6044, 6057 w/1 SPZ. 1st stage 7741, 7744, 7825, 7827, 7829, 7831, 7833, 7835, 7837, 7839, 7841 7882, 7899, 7901, 7909, 7911, 7925, 7927, 7929, 7961 w/1 SPZ.

** Continued Tubing Record:

1 1/2" 6052' (MV)
2 3/8" 7948' (DK)

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ENERGY AND MINERALS DEPARTMENT

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1980

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OIL CON. DIV.
DIST. 3

I. Operator
El Paso Natural Gas Company

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P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> 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

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-5 Unit	Well No. 76M	Pool Name, including Formation Basin Dakota	Kind of Lease State, (Federal) or Fee	Lease No. SF 079519A
Location Unit Letter <u>C</u> : <u>990</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>21</u> Township <u>28N</u> Range <u>5W</u> , 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	P. O. Box 4289, Farmington, NM 87499
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	P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit : <u>C</u> Sec. : <u>21</u> Twp. : <u>28N</u> Rge. : <u>5W</u> Is gas actually connected? <u>No</u> When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.



(Signature)

Drilling Clerk

(Title)

1-8-86

(Date)

OIL CONSERVATION DIVISION

JAN 10 1986

APPROVED _____
BY _____ Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3
TITLE _____

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IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Reservoir	DILL Res.
Date Spudded	Date Compl. Ready to Prod.		X	X					
10-9-85	12-26-85								
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Total Depth		P.B.T.D.					
6607' GL	Basin Dakota	8049'		8036'					
Perforations		Top Oil/Gas Pay		Tubing Depth					
5294, 5305, 5309, 5313, 5317, 5331, 5343, 5347, 5351, 5355, 5382, 5386,		7741'		7948'					
Continued Perf's Listed Below		TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
17 1/2"	13 3/8"	224'		295 cu ft					
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V. TEST DATA AND REQUEST FOR ALLOWABLE (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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
1954	SI 7 Days	275 MCF/D	0
Testing Method (pump, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	SI 1467	SI -0-	3/4"

* Continued Perf's:

5390, 5402, 5416, 5428, 5489, 5564 w/1 SPZ. (Mass. Pt.) 5667, 5670, 5673, 5676, 5679, 5682, 5685, 5688, 5691, 5694, 5697, 5700, (2nd set) 5637, 5650, 5718, 5734, 5743, 5774, 5786, 5803, 5815, 5819, w/1 SPZ. 2nd stage 5859, 5890, 5894, 5908, 5931, 5953, 5985, 6025, 6044, 6057 w/1 SPZ. 1st stage 7741, 7744, 7825, 7827, 7829, 7831, 7833, 7835, 7837, 7839, 7841 7882, 7899, 7901, 7909, 7911, 7925, 7927, 7929, 7961 w/1 SPZ.

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