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	DISTRIBUTION			L_		
	SANTA FE					
	FILE		1			
	U.S.G.S.		<u>i</u>			
	LAND OFFICE					
1.	TRANSPORTER	OIL	1	L		
		GAS	1			
	OPERATOR		2			
	PRORATION OFFICE					
	Operator					
	El Paso Natural Gas					
	Address					
	Pov 990. 1	Parmi	nete	a ac		

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DISTRIBUTION		NSERVATION COMMISSION	Form C-104		
SANTA FE /	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
FILE / in		AND	- 1.5		
U.S.G.S.	$_{-\mid}$ AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL	GAS		
LAND OFFICE	4				
TRANSPORTER OIL /					
GAS	-		CPENTS		
OPERATOR A	-				
Operator			/ It is the second of the seco		
El Paso Natural Gas	Company		COT 9 9 19ER		
Address	- Company		061 22 300		
Box 990, Farmington	New Mexico - 87401		Low con con		
Reason(s) for filing (Check proper ba	Tion Process	Other (Please explain)	Time Lamb		
	Change in Transporter of:		081. 3		
New Well	Oil Dry Gas				
Recompletion	Casinghead Gas Condens	=			
Change in Ownership	Cusinghed Gus sense.				
If change of ownership give name					
and address of previous owner					
. DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	rmation Kind of Leas	se Lease No.		
Lease Name		State, F ed er	al or Fee SF 079193		
San Juan 28-6 Unit	142 Basin Dakota				
Location	O= G	e and 1180 Feet From	_ West		
Unit Letter L ; 14	85 Feet From The South Line	e and Feet From	The West		
	-0	fee street Diam	Awriba County		
Line of Section 21 T	ownship 281 Range	, NMPM, Rio	Arriba County		
		2			
. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GAS	Address (Give address to which appr	oved copy of this form is to be sent)		
Name of Authorized Transporter of C		Box 990, Farmington,			
El Paso Natural Gas	casinghead Gas or Dry Gas A	Address (Give address to which appr	oved copy of this form is to be sent)		
Name of Authorized Transporter of C		Box 990, Farmington,			
El Paso Hatural Gas			hen		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	is day detadify connected:			
give location of tanks.		<u> </u>			
If this production is commingled	with that from any other lease or pool,	give commingling order number:			
V. COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.		
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
Designate Type of Comple		X	D.B. W.D.		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
9-15-68	10-10-68	7775'	7747'		
Elevations (DF, RKB, RT, GR, etc.	•	Top GC Gas Pay	Tubing Depth		
6471' GL	Dakota	7540'	7506'		
Perforations			Depth Casing Shoe		
7540-50', 7560-70',	7640-551, 7684-921, 7704	-12', 7722-27'	77775'		
	TUBING, CASING, AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
13 3/4"	9 5/8"	2291	145 Sks.		
8 3/4	7"	3497'	notice: 160 Sks.		
6 1/4"	4 1/2"		oder 350 Ska		
0 1/4	2 3/8"	7506'			
			il and must be equal to or exceed top allow		
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a able for this de	pth or be for full 24 hours)			
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
Date Liter New Oil Idni 10 Idnis		1			
	Tubing Pressure	Casing Pressure	Choke Size		
Length of Test	I anual Liegania	1			
	Oil-Bbls.	Water - Bbls.	Gas-MCF		
Actual Prod. During Test	OH - BBIS.				
		<u> </u>			
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate		
Actual Prod. Test-MCF/D	Length of Test	Date: Congression waster			
5897	3 Hours	Casing Pressure (Shut-in)	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				
Calculated A.O.F.	2709	2711	3/4 ⁿ		
VI. CERTIFICATE OF COMPLIA	ANCE	OIL CONSER	VATION COMMISSION		
, OLIVIII IOIII OI OOMI DA			OCT 2 2, 1968		
t hander and the the suite of	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19		
		Proved Original Signed by Emery C. Arnold			
above is true and complete to	the best of my knowledge and belief.	BY	SUPERVISOR DIST. #3		
		TITLE			
^=	. I stand by	1			
Off	aindi sidileu or		IN COMPLIANCE WITH RULE 1104.		
Carl E. Phaneers		This form is to be filed i			
	ginal sign ed by rl E. Mattlews	If this is a request for al	lowable for a newly drilled or deepend		
	gindi signed by irl E. Marti ews (ignature)	If this is a request for al well, this form must be account taken on the well in ac	lowable for a newly drilled or deepens panied by a tabulation of the deviation cordance with RULE 111.		
	Irl E. Marti ews	If this is a request for al well, this form must be accomtests taken on the well in ac	lowable for a newly drilled or deepene apanied by a tabulation of the deviation cordance with RULE 111. must be filled out completely for allow		
(5	Irl E. Marti ews	If this is a request for al well, this form must be accomtests taken on the well in ac All sections of this form the on new and recompleted	lowable for a newly drilled or deepene apanied by a tabulation of the deviation cordance with RULE 111. must be filled out completely for allow		

(Date)

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.

