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NO. OF COPIES RECE	L		
DISTRIBUTIO			
SANTA FE			
FILE	1		
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	/	
TRANSPORTER	GAS	/	
OPERATOR	[2]		
PRORATION OF			
Operator			

-	DISTRIBUTION  NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND			SSION	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
1.	U.S.G.S.  LAND OFFICE  IRANSPORTER OIL / GAS /  OPERATOR 2.  PRORATION OFFICE	AUTHORIZATION TO TRAN	NSPORT OIL AND N	ATURAL GAS		
	Operator  El Paso Natural Gas (	Company				
	Address					
	Box 990, Farmington,	New Mexico	Other (Please	explain		
	Reason(s) for filing (Check proper box)  New Well	Change in Transporter of:	Other (Flease	explain		
	Recompletion Change in Cwnership	Oil Dry Gas  Casinghead Gas Condens				
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND I	EASE Well No. Fool Name, Including Fo	rmation	Kind of Lease	Lease No.	
	San Juan 28-6 Unit	144 Basin Dakota		State, Federal or Fed	sr 079192	
	Unit Letter N : 850	Feet From The <b>South</b> Line	e and <b>1750</b>	Feet From The	West	
	Line of Section 17 Tow	nship <b>28N</b> Range	6W , NMFM,	Rio Arri	<b>Da</b> County	
Ш.	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA	S Address (Give address t	o which approved cop	by of this form is to be sent)	
	El Paso Natural Gas (	Company	Box 990, Farm	ington, New 1	fexico  w of this form is to be sent)	
	Name of Authorized Transporter of Casinghead Gas or Dry Gas 🛣		1	Address (Give address to which approved copy of this form is to be sent)  Box 990, Farmington, New Mexico		
	El Paso Natural Gas ( If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. N 17 28N 6W	Is gas actually connecte			
IV.	If this production is commingled wit COMPLETION DATA				Back Same Resiv. Diff. Resiv.	
•••	Designate Type of Completion	n - (X) Cil Well Gas Well	New Well   Workover	Deepen Plug	Back Same Resty. Diff. Hesty.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.	T.D.	
	9-26-68 Elevations (DF, RKB, RT, GR, etc.)	10-23-68 Name of Producing Formation	7934 '	Tub:	<b>7919</b> 1	
	6633' GL	Dakota	7683'	Dep'	7658° th Casing Shoe	
	7683-91, 7694-7706,	-48, 7862-70, 7	880-88	7934'		
	HOLE SIZE	CASING & TUBING SIZE	DEPTHS	E.T	SACKS CEMENT	
	13 3/4"	9 5/8"	501,		5 Sks.	
	8 3/4"	7"	3685!		1.165 Sks.	
	6 1/4"	4 1/2" 2 3/8"	7934 ' 7658 '	Tul	bing	
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 to able for this depth or be for full 24 hours)						
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flor			
	Length of Test	Tubing Pressure	Casing Pressure	Cho	ke size i a za za z y LD	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gae	-MCF NOV 1 1968	
				OIL CON. COM.		
	GAS WELL Actual Prod. Test-MCF/D Length of Test		Bbls. Condensate/MMC	F Gro	rvity of Condensate	
	Actual Prod. Test-MCF/D	3 Hours				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	-in) Cho	3/4"	
	Calculated A.O.F.	2721	2728	CONSERVATIO		
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 by				NOV 1 2 1968		
			Original Si	gned by Eme	ry C. Arnold	
			BYOriginal Signed by Emery C. Arnold  SUPERVISOR DIST. #3			
			This form is to be filed in compliance with RULE 1104.			
	Car	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				
	(Sig	tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow-				
Petroleum Engineer (Title)			able on new and recompleted wells.			
	October 30, 1968	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.				
	(L	ate)	Separate Forms C-104 must be filed for each pool in multiply completed wells.			