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	COPIES SECEIVED 7	·	•	
	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-116
	FILE /		AND	Effective 1-1-65
ļ	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS
	LAND OFFICE			
	TRANSPORTER OIL /			
	GAS /			
	OPERATOR 3			CCELLA
*	PRORATION OFFICE			/OTITIVEN
۸.	Operator	<u> </u>		/ NEULIVLU
	El Paso Natural Gas Con	mnanv		
	Address "			<u> </u>
	Box 990, Farmington, No	ew Meyico		
	Reason(s) for filing (Check proper box)		Other (Please explain)	-\oil com./
	New Well · Y	Change in Transporter of:	, and the second second	DIST. 3
	Recompletion	Oil Dry Ga		
	Change in Ownership	Casinghead Gas Conden	<u> </u>	•
	- Cinange in ownersmp	3-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3		
	If change of ownership give name			
	and address of previous owner			
	DECORDORON OF WELL AND I	EASE		
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.
	San Juan 28-5 Unit	81 Basin Dak		GT 050500 4
			<u> </u>	-
	Location M 600 South 1010 For From The West			
	Unit Letter M Feet From The South Line and 1010 Feet From The West			
	oc os s San Sau Rio Arriba			
	Line of Section 20 Tow	nship 20-14 Range	, NMPM, NIO	County County
	D D C C C C C C C C C C C C C C C C C C	ED OF OUR AND MARKINAL CA	C	
III.	DESIGNATION OF TRANSPORT		S Address (Give address to which approv	ed copy of this form is to be sent)
III.	Name of Authorized Transporter of Cil	or Condensate [X]	Address (Give address to which approv	
III.	Name of Authorized Transporter of C:1 El Paso Natural Gas Co	or Condensate X	Address (Give address to which approve Box 990, Farmington, I	New Mexico
III.	Name of Authorized Transporter of C:1 El Paso Natural Gas Co: Name of Authorized Transporter of Cas	or Condensate X mpany Inghead Gas or Dry Gas X	Box 990, Farmington, Address (Give address to which approv	New Mexico ed copy of this form is to be sent)
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GAS WELL Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Gravity of Condensate 2680 MCF/D 3 hrs Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Choke Size 3/4" Calculated A.O.F. 2735 2731

TITLE .

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

•	Anghiar organica at the trade		
(Signature)			
Petroleum Engineer			
	(Title)		
August 27, 1969			
	(Date)		

OIL CONSERVATION COMMISSION

AUG 2 9 1969

APPROVED. 19 By Original Signed by Emery C. Arnold

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.