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DISTRIBUTION	-	CONCERVATION COMMISSION	Fran C 104
SANTA FE		CONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-116
FILE	REQUEST	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL G	245
LAND OFFICE	_ AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	343
TRANSPORTER OIL			
GAS /			
OPERATOR 2	_		12 2
Operator			SOLITIVE !
El Paso Natural Gas Co	ompany		KLDE.
Address	Wass Marel on		JUL 1 4 1969
Box 990, Farmington, 1	New Mexico	Other (Please explain)	OIL CON. COM.
Reason(s) for filing (Check proper bo	Change in Transporter of:	Sindi (France capitality	OIL CON. 3
New Well	Oil Dry G	Te T	OIL DIST. 3
Recompletion	Casinghead Gas Conde	<b>=</b> 1	
Change in Ownership	Casingheda Gas Condo	mate	
If change of ownership give name and address of previous owner			. *
DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	Formation Kind of Leas	e Lease No.
Sen Juan 28-5 Unit	80 Basin Dak	1	d or Fee ST 079520-4
Location G 170	O Feet From The North	ne and 1500 Feet From 1	The East
Unit Letter;	Feet From The Li	ne and Feet From	The
Line of Section 26	ownship 281 Range	5W , NMPM, Rio	Arriba County
Line of Section			
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G	AS	
Name of Authorized Transporter of O	or Condensate 🔏	Address (Give address to which appro	
El Paso Matural GasCo		Box 990, Farmington,	New Mexico - 87401
Name of Authorized Transporter of C		Address (Give address to which appro	
El Paso Natural Gas C	ompany	Box 990, Farmington,	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en
give location of tanks.	G 26 28N 5W		
If this production is commingled v	with that from any other lease or pool	, give commingling order number:	
COMPLETION DATA			Plug Back   Same Restv. Diff. Restv.
Designate Type of Complet	tion - (X)		1 1 1 1
		Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	8621.	86041
6-4-69	7-2-69	Top-MI/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation  Dekota	83401	85381
7229' GL	Describe	0340	Depth Casing Shoe
Perforations	490-95', 8 <b>505-15',</b> 8 <b>525-</b>	25 I	8621 '
0340-50, 0429-44, 0			
	TUBING, CASING, AF	DEPTH SET	SACKS CEMENT
HOLE SIZE		1 025111321	
1 1 4 4 7 64	CASING & TUBING SIZE		_ <del></del>
13 3/4"	CASING & TUBING SIZE	236'	200 Sks.
8 3/4"	9 5/8"	236' 4397'	200 Sks. 195 Sks.
8 3/4" 6 1/4"	9 5/8" 7" 4 1/2"	236' 4397' 8621'	200 Sks. 195 Sks. 360 Sks.
6 1/4"	9 5/8" 7" 4 1/2" 1 1/4"	236' 4397' 8621' 8538'	200 Sks. 195 Sks. 360 Sks. Tubing
6 1/4"	9 5/8" 7" 4 1/2" 1 1/4" FOR ALLOWABLE (Test must be	236 ' 4397 ' 8621 ' 8538 ' after recovery of total volume of load oil	200 Sks. 195 Sks. 360 Sks. Tubing
6 1/4"  TEST DATA AND REQUEST OIL WELL	9 5/8" 7" 4 1/2" 1 1/4"  FOR ALLOWABLE (Test must be able for this	236° 4397° 8621° 8538° after recovery of total volume of load oil depth or be for full 24 hours)	200 Sks.  195 Sks.  360 Sks.  Tubing  and must be equal to or exceed top allow
6 1/4"  TEST DATA AND REQUEST	9 5/8" 7" 4 1/2" 1 1/4" FOR ALLOWABLE (Test must be	236 ' 4397 ' 8621 ' 8538 ' after recovery of total volume of load oil	200 Sks.  195 Sks.  360 Sks.  Tubing  and must be equal to or exceed top allow

Casing Pressure Tubing Pressure Length of Test Ggs - MCF Water - Bbls. Oil-Bbls. Actual Prod. During Test

**GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D 3 Hrs.
Tubing Pressure (shut-in) 2198 Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) 3/4" 2588 2570 Calculated A.O.F.

## VII. 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.

	(Signature)	
Petroleum Enginee:	<b>.</b>	
	(Title)	<del>_</del>
July 11, 1969		
	(Date)	

OIL CONSERVATION COMMISSION

JUL I 🛵 1969 APPROVED\_ Original Signed by Emery C. Arnold SUPERVISOR DIST. #5

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.



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