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**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
El Paso Natural Gas Company

Address
Box 990, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain):

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-6 Unit	Well No. 147	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee SF	Lease No. 079050
Location				
Unit Letter G	1550	Feet From The North	Line and 1840'	Feet From The East
Line of Section 29	Township 28N	Range 6W	, 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"/>	El Paso Natural Gas Company				Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	El Paso Natural Gas Company				Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico 87401	
Well produces oil or liquids, or combination of tanks.	Unit G	Sec. 29	Twp. 28N	Rge. 6W	Is gas actually connected?	When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 5-11-70	Date Compl. Ready to Prod. 6-25-70	Total Depth 7634		P.B.T.D. 7357 7620				
Elevations (DF, RKB, RT, GR, etc.) 6338' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 7384		Tubing Depth 7557				
Perforations 7384-7400, 7492-7504, 7542-50, 7566-74				Depth Casing Shoe 7634'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
13 3/4"	9 5/8"	242'		175 Sks.				
8 3/4"	7"	3322'		190 Sks.				
6 1/4"	4 1/2"	7634		365 Sks.				
	1 1/2"	7557'		Tubing				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 4727	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Calculated A. O. F.	Tubing Pressure (shut-in) 2654	Casing Pressure (shut-in) 2622	Choke Size 3/4"

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

(Signature)

Petroleum Engineer

(Title)

July 14, 1970

(Date)

OIL CONSERVATION COMMISSION
JUL 16 1970

APPROVED _____, 1970

BY Original Signed by Emery C. Arnold

SUPERVISOR DIST. #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 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.