1	NO. OF COPIES RECT	6				
	DISTRIBUTION					
	SANTA FE					
	FILE					
-	U.S.G.S.					
	LAND OFFICE					
	TRANSPORTER	OIL	7			
1.		GAS	1			
	OPERATOR					
	PRORATION OFFICE			<u> </u>		
	Operator El Paso Natural Gas C					
	Box 990, Farmington,					
	Reason(s) for filing (Check proper b					
	New Well	<b>X</b>				
	Recompletion					
	   Change in Ownershi	p[]				

	DISTRIBUTION   SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104							
ŀ	FILE /	REQUEST F	Supersedes Old C-104 and C-110 Effective 1-1-65						
	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	LAND OFFICE								
	TRANSPORTER GAS /								
	OPERATOR 2								
1.	PRORATION OFFICE								
	El Paso Natural Gas Company								
	Box 990, Farmington, New Mexico 87401								
	Reason(s) for filing (Check proper box)	TICW MCALCO 07 102	Other (Please explain)						
	New Well	Change in Transporter of:							
	Recompletion	Oil Dry Gas							
	Change in Ownership	Casinghead Gas Conden	sate []						
	If change of ownership give name and address of previous owner								
	•								
II.	DESCRIPTION OF WELL AND LEASE    Lease Name								
	San Juan 28-5 Unit	84 Basin Dakota	State, F	ed Fral or Fee SF 079250					
	Location G 170	O Feet From The North Line	e and Feet i	From The East					
	Unit Letter;		en: D:	A manalla a					
	Line of Section 16 Tow	nship XX 28N Range	OW, NMPM, R	O ATTIDA County					
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  or Condensate (A)  Address (Give address to which approved copy of this form is to									
	Name of Authorized Transporter of Oil El Paso Natural Gas C	or Condensate .	Address (Give address to which	, New Mexico 87401					
	Name of Authorized Transporter of Cas		,	approved copy of this form is to be sent)					
	El Paso Natural Gas C	Company	Box 990, Farmingto	Box 990, Farmington, New Mexi co 87401					
	If well produces oil or liquids,	Unit Sec. Twp. Rge. <b>G</b> 16 28N 5W	Is cas actually connected?	When					
	give location of tanks.  If this production is commingled with that from any other lease or pool, give commingling order number:								
١v.	COMPLETION DATA		New Well Workover Deepe						
	Designate Type of Completio	011 11011	X						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. <b>7961</b>					
	3-29-71 Elevations (DF, RKB, RT, GR, etc.)	4-23-71 Name of Producing Formation	7970 Top XX/Gas Pay	7901 Tubing Depth					
	6582' GL	Dakota	7808'	7911' Depth Casing Shoe					
	Perforations	2000 10! % 7020-30°		7970°					
	7808-18', 7876-36', 7	TUBING, CASING, AND	CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT 240 Sks.					
	13 3/4"	9 5/8"	242' 3780'	170 Sks.					
	8 3/4" 6 1/4"	4 1/2"	7970'	330 Sks.					
	01/4	1 1/2"	7911'	Tubing					
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of locepth or be for full 24 hours)	ad oil and must be equal to or exceed top allow-					
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, Fump,	gas lift, etch					
			Casing Pressure	/Choke Size					
	Length of Test	Tubing Pressure	Cusing biesame	(1AV 3   1971					
	Actual Prod. During Test	Oil-Bbls.	Water - Bble.	Gas-MCF					
				OIL CON COM					
				DIST. 3					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate					
	4192	3 Hours	Casing Pressure (Shut-in)	Choke Size					
	Testing Method (pitot, back pr.) Calculated A.O.F.	Tubing Pressure (Shut-in) 2587	2599	3/4"					
VI	. CERTIFICATE OF COMPLIAN	CE ,	OIL CONSE	ERVATION COMMISSION					
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED MAY 1 1 3971						
	a	nith wou that the minimization kiven	By Original Signed by Emery C. Arnold						
	above is true and complete to the	best of my knowledge and belief.							
			11164	I I T but her superior and a superio					
	31 21 8121	ed F. H. Wood	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 to the second recompleted wells.						
		ature)							
	Petroleum Engineer								
		ile)	able on new and recomple	ted wells.  - v in the and VI for changes of owner,					
		ate)	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.						