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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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead 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 28-5 Unit	Well No. 86	Pool Name, Including Formation Basin Dakota	Kind of Lease State, <input checked="" type="checkbox"/> Federal or Fee	Lease No. SF 078519-A
Location				
Unit Letter L	1450	Feet From The South	Line and 1190	Feet From The West
Line of Section 23	Township 28N	Range 5W	, 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"/>	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"/>	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 23
	Twp. 28N	Rge. 5W
	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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 4-12-71	Date Compl. Ready to Prod. 5-20-71	Total Depth 8489'		P.B.T.D. 8476'				
Elevations (DF, RKB, RT, GR, etc.) 7114' GL	Name of Producing Formation Dakota	Top Gas Gas Pay 8336'		Tubing Depth 8449'				
Perforations 8336-50', 8408-22', 8432-46'				Depth Casing Shoe 8489'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
13 3/4"	9 5/8"	225'			190 Sks.			
8 3/4"	7"	4340'			165 Sks.			
6 1/4"	4 1/2"	8489'			330 Sks.			
	1 1/2"	8449'			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 (ap 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 3345	Length of Test 3 Hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Calculated A. O. F.	Tubing Pressure (shut-in) 2698	Casing Pressure (shut-in) 2698	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)

June 4, 1971

(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 8 1971**
BY **Original Signed by Emery C. Arnold**
TITLE **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.