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SANTA FE			
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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1	
OPERATOR		2	
PROBATION OF	Ţ		

1.	SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OPERATOR PRORATION OFFICE Operator El Paso Natural Gas Con Address Box 990, Farmington, N Reason(s) for filing (Check proper box) New We!! Recompletion	REQUEST F AUTHORIZATION TO TRAN npany ew Mexico 87401 Change in Transporter of: Oil Dry Gas		Supersedes Old C-104 and C-110 Effective 1-1-65 GAS						
	Change in Ownership If change of ownership give name	Casinghead Gas Condens	sare []							
	and address of previous owner									
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo		\						
	San Juan 28-7 Unit	159 Basin Dakota	State, Fe X e	ral or Fee SF 079289-A						
	Unit Letter G : 175	O Feet From The North Line	and 1460 Feet From	The East						
	20	nship 2 8 N Range	7 W , nmpm,	Rio Arriba County						
III.	DESIGNATION OF TRANSPORT	or Condensate X	S Address (Give address to which appl	roved copy of this form is to be sent)						
	Name of Authorized Transporter of Oil El Paso Natural Gas Cor		Box 990. Farmington	. New Mexico 87401						
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X	Address (Give address to which app	oved copy of this form is to be sent)						
	El Paso Natural Gas Cor	npany Onit Sec. Twp. Rge.	Box 990 Farmington	New Mexico 87401						
	If well produces oil or liquids, give location of tanks.	G 22 28N 7W								
IV.	COMPLETION DATA	th that from any other lease or pool, o	give commingling order number: New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.						
	Designate Type of Completion		X	,						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 7992	P.B.T.D. 7962						
	6-21-71 Elevations (DF, RKB, RT, GR, etc.)	7-13-71 Name of Producing Formation	Top XX/Gas Pay	Tubing Depth						
	6809' GL	Dakota	7754	7912 Depth Casing Shoe						
	Perforations 7770 761 706			7992						
	7/34-00', 7/70-70', 750	52-74', 7890-96', 7916-22' TUBING, CASING, AND	CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
	13 3/4"	9 5/8"	233'	190 Sks.						
	8 3/4"	7"	3801' 7992'	330 Sks.						
	хих 61/4"	4 1/2" 1 1/2"	7912'	Tubing						
v	TEST DATA AND REQUEST FO	OP ALLOWARIE (Test must be a	fter recovery of total volume of load o	il and must be equal to or exceed top allow-						
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test OTHER TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceedable for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)										
	Date First New Off Water to Tauks									
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size						
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas • MCF						
				AUG 1 2 13/1						
	GAS WELL			Gradinolico GOIN COM.						
	Actual Prod. Test-MCF/D 3662	Length of Test 3 Hours	Bbls. Condensate/MMCF	DISI. 3						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size						
	Calculated A.O.F.	1738	2236	<u>8/4"</u>						
VI	. CERTIFICATE OF COMPLIAN	CE		VATION COMMISSION						
	Thereby contifue that the rules and	regulations of the Oil Conservation	A	APPROVED, 19, 19						
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 Stand F. H. WOOD. A. Van Rysn (Signature) Petroleum Engineer			BY Original Signe	d by Epopy 9. Arnold						
			TITLE SUPERVI							
			11							
			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despened 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							
							(Title)		li able on new and recompleted wells.	
							August 3, 1971	nte)	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	
(Date)			11	wer he filed for each pool in multiply						

Separate Forms C-104 must be filed for each pool in multiply completed wells.