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DISTRIBUTION				
SANTA FE		1		
FILE		1	-	
u.s.g.s.				
LAND OFFICE				
TRANSPORTER	OIL	1		
	GAS			
OPERATOR		/		
PRORATION OFFICE				

- - -	DISTRIBUTION SANTA FE FILE J	REQUEST FO	NSERVATION COMMISSION OR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65							
	U.S.G.S. LAND OFFICE TRANSPORTER OIL J GAS / OPERATOR / PRORATION OFFICE	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GA	AS							
•	Operator El Pago Natural Cas C	ompany									
El Paso Natural Gas Company Address PO Box 990, Farmington, NM 87401 Reason(s) for filing (Check proper box) Change in Transporter of:											
						New We!! X	OII Dry Gas		1		
					ļ 1	Change in Ownership	Casinghead Gas Condens	ate			
,	If change of ownership give name										
i	and address of previous owner										
II.	DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, Including For	mation Kind of Lease	Lease No.							
State Federal or Fee				cr Fee SF 080430-B							
	San Juan 28-6 Unit 165 Basin Dakota (**) SF 1080450-										
	Unit Letter A : 990	Feet From The North Line	and 1190 Feet From T	the East							
	30	nahin 28N Range 6	6W , NMPM, R	io Arriba county							
	Line of Section Tow	nship ZOIV Range									
m.	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GAS	Address (Give address to which approv	ed copy of this form is to be sent)							
	Name of Authorized Transporter of Oil El Paso Natural Gas C		O Box 990, Farmington, N	M 87401							
	Name of Authorized Transporter of Cas	inchead Gas Tor Dry Gas X	Address (Give address to which approve O Box 990, Farmington, N	ed copy of this form is to be sent)							
	El Paso Natural Gas C	Company	Is gas actually connected? Whe								
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. A 30 28N 6W	is day detudity connected?								
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Designate Type of Completion - (X) X X											
		Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.							
	Date Spudded 6-17-72	8-2-72	7874'	7867'							
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top X !!/Gas Pay 7570'	Tubing Depth 7756'							
	6573'GL	Dakota	7370	Depth Casing Shoe							
	7570-78', 7588-96', 7692-7704', 7743-51'			7874'							
		TUBING, CASING, AND	CEMENTING RECORD DEPTH SET	SACKS CEMENT							
	HOLE SIZE	CASING & TUBING SIZE 9 5/8"	217'	225 cu. ft.							
	13 3/4" 8 3/4"	7''	3643'	236 cu. ft.							
	6 1/4"	4 1/2''	7874'	651 cu.ft.							
		1 1/2''	7756'	tubing							
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours)											
OH. WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)											
		Tubing Pressure	Casing Pressure	Choke Size							
	Length of Test	I Abud Liasama		AHC 9 1972							
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF AUG 9 13/2							
				OIL CON. COM.							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate							
	2476'	3 hours	Casing Pressure (Shut-in)	Choke Size							
	Testing Method (pitot, back pr.) Cal c. AOF	Tubing Pressure (Shut-in) 2254	2687	3/4''							
	VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVA	ATION COMMISSION							
VI				AUG 9 1972 . 19							
I hereby certify that the rules and regulations of the Oil Conservation			APPROVED	· protesta of trys (5)							
I hereby certify that the rules and regulations that the information given Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BYSUPERVISOR DIST. #3									
Holoo (Signature)			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.								
								iile)	able on new and recompleted water		
							August 7, 1972		Fill out only Sections I. H. III, and VI for changes of owner.		

(Date)

able 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.