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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	
PROBATION OFFICE	

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

Form C-104
Supersedes Old C-103 and C-110
Effective 1-1-65

Operator El Paso Natural Gas Company	
Address P. O. Box 990, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐	Change Name from San Juan 28-4 Unit NP No. 37
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership given name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-4 Unit	Well No. 37	Pool Name, including formation Basin Dakota	Kind of Lease State, (Federal) or Fee	Lease No. N103863
Location				
Unit Letter H	1335	Feet From The N	Line and 870	Feet From The E
Line of Section 29	Township 28N	Range 4W	Rio Arriba County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas Company	P. O. Box 990, Farmington, New Mexico 87401				
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas Company	P. O. Box 990, Farmington, New Mexico 87401				
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 29	Twp. 28N	Rge. 4W	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 Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.E.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

OIL CONSERVATION COMMISSION	
APPROVED	AUG 14 1974
Original Signed by Emory 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 logs taken on the well in accordance with RULE 1101.

All sections of this form must be filled out completely for allowable on new and recompleted.

Fill out only Sections I, II, III, and VI for changes of owner, well, or transporter; other such change of condition.

This form must be filed for each well in multiple.

M. J. Lingo
(Signature)
Drilling Clerk
(Title)
August 9, 1974
(Date)