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PROBATION OF FICE			

	DISTRIBUTION SANTA FE / FILE / U.S.G.S. LAND OFFICE	NEW MEXICO OIL CO REQUEST F	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
	IRANSPORTER GAS /					
	PROPATION OF TICE					
	Operator					
	El Paso Natural Ga	s Company				
	PO Box 990, Farmington, NM 87401					
	Reason(s) for filing (Check proper box) New Well Change in Transporter of:					
	Recompletion	Oil Dry Gas				
	Change in Ownership	Casinghead Gas Condens	ate			
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND I	EASE. Well No. Pool Name, Including For	regular Kind of Lease	Lease No.		
	San Juan 28-4 Unit	Well No. Pool Name, Inc. ading 1 of	State (Federal			
	Location Unit Letter H : 133	5 Feet From The North Line	and 870 Feet From 1	TheEast		
	00	nship 28N Range	4W , NMPM,	Rio Arriba County		
	DESIGNATION OF TRANSPORT	TR OF OIL AND NATURAL GAS	\$			
III.	Name of Authorized Transporter of Oil	or Condensate X	Address (Otte address to annual file	i i		
	El Paso Natural Ga	S Company	PO Box 990, F. Address (Give address to which approx	ved copy of this form is to be sent)		
	El Paso Natural Ga		PO Box 990, F.	armington, NM 87401		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge. H 29 28N 4W	Is gas actually connected? Who	en		
	give location of tanks. If this production is commingled wit		give commingling order number:			
IV.	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Resty. Ditt. Resty.		
	Designate Type of Completio		X			
	Date Spudged 10-14-73	Date Compl. Ready to Frod. 12-5-73	Total Depth 8772'	P.B.T.D. 8760'		
	Elevations (DF, RXB, RT, GR, etc.)	Name of Producing Formation	Top CXI/Gas Pay	. Tubing Depth		
	7364'GL	Dakota	8561'	8720 Depth Casing Shoe		
	Perforations 8561', 8565', 8636	5', 8638', 868 2 ',8688',8707	7',8711',8722' and 8728'	8772'		
	0001, 0000,	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET 227'	225 cu. ft.		
	13 3/4" 8 3/4"	9 5/8''	4648'	212 cu. ft.		
	6 1/4"	4 1/2"	8772' 8720'	678 cu. ft		
	TO THE TOTAL OF THE TAX OF THE TA	1 1/2" OR ALLOWARIE (Test must be as	fter recovery of total volume of load oil	and must be equal to or exceed top allow.		
OH WELL						
	Date First New Oil Run To Tanks Date of Test Producing Me		Froducting Memory ((0)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Cil-Bbls.	Water-Bbis.	Gas-MOF DELD		
	Actual 7 tour 5 and			OIL CON CO.		
				DIST		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Conservate		
	1213	3 hrs. Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.) Calc. AOF	2476	2464	3/4"		
٧ı	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.		11	ATION COMMISSION		
			APPROVED DEC 26	19/3 , 19		
			BY Original Signed by Emery C. Arnold SUPERVISOR DIST. #3			
			TITLE			
	A Sudar	,	If this is a request for alle	This form is to be filed in compliance with RULE 1104. If this is a request for sllowable for a newly drilled or despended by a tabulation of the deviation.		
	Drilling Clerk	nature)	well, this form must be accompanied by a table taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for silowable on new and recompleted wells.			
	(T	itle)				
	December 17, 19	73 (ate)	If wall name or number, or transpo	orter, or other such change of condition, ust be filed for each pool in multiply		
			completed wells.			