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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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
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 ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-4 Unit	Well No. 36	Pool Name, Including Formation Basin Dakota	Kind of Lease State, (Federal) or Fee	Lease No. NM 03863
Location Unit Letter <u>N</u> ; <u>700</u> Feet From The <u>South</u> Line and <u>1470</u> Feet From The <u>West</u> Line of Section <u>29</u> Township <u>28N</u> Range <u>4W</u> , NMPM, <u>Rio Arriba</u> 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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent.) PO Box 990, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent.) PO Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit <u>M</u> Sec. <u>29</u> Twp. <u>28N</u> Rge. <u>4W</u> Is gas actually connected? <input type="checkbox"/> 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.
		X	X					
Date Spudded 9-30-73	Date Compl. Ready to Prod. 11-20-73	Total Depth 8710'	P.B.T.D. 8704'					
Elevations (DF, RKB, RT, GR, etc.) 7305' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 8502'	Tubing Depth 8704'					
Perforations 8502', 8552', 8578', 8580', 8636', 8638', 8670' and 8672'			Depth Casing Shoe 8710'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	230'	415 cu. ft.					
8 3/4"	7"	4589'	207 cu. ft.					
6 1/4"	4 1/2"	8710'	634 cu. ft.					
	1 1/2"	8704'	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 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
		DEC 5 1973	

GAS WELL

Actual Prod. Test - MCF/D 1050	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Gas
Testing Method (pitot, back pr.) Calc. AOF	Tubing Pressure (Shut-in) 1276	Casing Pressure (Shut-in) 2217	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.

[Signature]
(Signature)

Drilling Clerk

(Title)

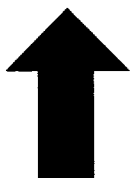
November 30, 1973

(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 5 1973, 19
BY Original Signed by A. R. Kendrick
TITLE PETROLEUM ENGINEER - 100 - 10

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.



LTR



Job separation sheet

DISTRICT			
SANTA FE		/	/
FILE		/	/
U.S.G.S.			
LAND OFFICE		/	/
TRANSPORTER	OIL	/	/
	GAS	/	/
OPERATOR		/	/
PRORATION OFFICE			

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Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

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and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-4 Unit	Well No. 36	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee NM	Lease No. 03863
Location Unit Letter N 700 Feet From The South Line and 1470 Feet From The West Line of Section 29 Township 28N Range 4W , 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"/> El Paso Natural Gas Company	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"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) 501 Airport Drive, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 29
	Twp. 28N	Rge. 4W

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.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

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Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

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.

A. G. Lewis
(Signature)

Drilling Clerk

(Title)

March 4, 1974

(Date)

OIL CONSERVATION COMMISSION
MAR 5 1974

APPROVED _____, 19____

BY Original Signed by Emery C. Arnold
SUPERVISOR DIST. #3

TITLE _____

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