

UNIT NO.	5
SANITARY	1
FILE	1
LAND OFFICE	
TRANSPORT	OIL 1
	GAS 1
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

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:
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 28-7 Unit	Well No. 178	Pool Name, including Formation So Blanco Pictured Cliffs	Kind of Lease State, <u>General</u> or Fee	Lease No. SF 078500-A
Location Unit Letter P ; 940 Feet From The South Line and 800 Feet From The East Line of Section 31 Township 28-N Range 7-W , NMPM, 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	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 P Sec. 31 Twp. 28-N Rge. 7-W	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 Res'v.	Diff. Res'v.
		☒	☒					
Date Spudded 12/20/73	Date Compl. Ready to Prod. 5/30/74	Total Depth 3695'		P.B.T.D. -				
Elevations (DF, RKB, RT, GR, etc.) 6178' GL	Name of Producing Formation Pictured Cliffs	Top Gas Pay 2708		Tubing Depth Tubingless				
Perforations 2708-22, 2732-40				Depth Casing Shoe 2917				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
13-3/4"	9-5/8"	126' GL		142 cu. ft.				
8-3/4"	2-7/8"	2917'		557 cu. ft.				
Tubingless								

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 allowable production 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.	Gcs-MCF

GAS WELL

Actual Prod. Test-MCF/D 1461	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Calc. A.O.F.	Tubing Pressure (Shut-in) -	Casing Pressure (Shut-in) 1026	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.

A. G. Duico
(Signature)
Drilling Clerk
(Title)
June 4, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **Original Signed by Emery C. Arnold**
TITLE **SUPERVISOR DIST. #3**

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 1111.
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.