

DISTRIBUTION			
SANTA FE		1	
FILE		1	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		1	
PRORATION 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  
P.O. Box 990, Farmington, New Mexico 87401  
Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

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. 220	Pool Name, Including Formation Pasin Dakota	Kind of Lease State, Federal or Fee	Lease No. SF 073417-1
Location Unit Letter N ; 1030 Feet From The South Line and 2480 Feet From The West Line of Section 22 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 <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) P.O. Box 990, Farmington, New Mexico			
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) P.O. Box 990, Farmington, New Mexico			
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 22	Twp. 28N	Rge. 7W
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 Restv.	Diff. Restv.
		X	X					
Date Spudded 5-23-74	Date Compl. Ready to Prod. 6-13-74	Total Depth 7987	P.B.T.D. 7979					
Elevations (DF, RKB, RT, GR, etc.) 6730' GL	Name of Producing Formation Dakota	Top Gas Pay 7759	Tubing Depth 7924					
Perforations 7759, 7775, 7865, 7875, 7893, 7924, 7949			Depth Casing Shoe 7987					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	233'	225 cu ft					
8 3/4"	7"	3733'	253 cu ft					
6 1/4"	4 1/2"	7937'	649 cu ft					
	1 1/2"	7924'	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

GAS WELL

Actual Prod. Test-MCF/D 4109	Length of Test 3 Hours	Bbls. Condensate/MMCF	Yield of Condensate
Testing Method (pitot, back pr.) Calc A.O.F.	Tubing Pressure (Shut-in) 2263	Casing Pressure (Shut-in) 2437	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. Buices  
(Signature)

Drilling Clerk  
(Title)

June 27, 1974  
(Date)

OIL CONSERVATION COMMISSION

APPROVED 7-1-  
Original Signed by Emery C. Arnold  
BY

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 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.