## EL PASO NATURAL GAS COMPANY

DEVIATION REPORT

Nome Of Company El Paso Natural Gas Company		Address P.O.	Box !	990, Farmington, 1	New Mexico
Lease	Well No.	Unit Letter	Section 12	Township 28-N	Range 7-W
San Juan 28-7 Unit	218	N		County	<u>. A </u>
Basin D <b>ak</b> ota				Rio Arriba	a

DEPTH	DEVIATION
246'	1/2°
746 <b>'</b>	1/2°
1246'	3/4°
2361'	1 1/2°
2726 <b>'</b>	1 1/4°
3226'	1 1/4°
4176'	1°
4676 <b>'</b>	1°
5176	1°
5605	1°
6105 <b>'</b>	1 1/4°
66051	1 1/4°
7105	1°21
7605'	certify that I, acting in my capacity as Petroleum Engineer of
rsigned.	certify that I, acting in my capacity as Petroleum Engineer of

I, the undersigned, certify that I, acting in my capacity as Petroleum Engineer of El Paso Natural Gas Company, am authorized by said Company to make this report; and that this report was prepared by me or under my supervision and directions and that the facts stated therein are true to the best of my knowledge and belief.

Subscribed and sworn to before me this 17th day of July , 1974.

Notary Public in and for San Juan County, New Mexico

NO OF COPIES RECE	5		
DISTRIBUTIO			
SANTA FE		1	
FILE		1	
U.S.G.S.		Ĺ <u>.</u>	
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR	1		
PRORATION OF			
Overator			

	DISTRIBUTION SANTA FE  FILE	NEW MEXICO OIL CO	Supersedes Old C-104 and C-110 Effective 1-1-65						
	U.S.G.S.  LAND OFFICE  IRANSPORTER OIL / GAS /  OPERATOR /	AUTHORIZATION TO TRAI	NSPORT OIL AND NATI	JRAL GAS					
ı.	PRORATION OFFICE Operator								
	El Paso Natural Gas (	El Paso Natural Gas Company							
P. O. Box 990, Farmington, New Mexico 87401  Reason(s) for filing (Check proper box)  New Well X Change in Transporter of:									
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condens	<del>_</del>						
	If change of ownership give name and address of previous owner								
II.	DESCRIPTION OF WELL AND I	EASE. Well No. Pool Name, Including Fo	rmation Kind	of Lease No.					
	San Juan 28-7 Unit	218 Basin Dakota	Stat	e, Federal or Fee SF079289					
	Unit Letter N ; 1	L75 Feet From The S Line	and 1540 Fe	eet From TheW					
	Line of Section 12 Tow	nship 28N Range	7W , NMPM,	Rio Arriba County					
111.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S						
	Name of Authorized Transporter of Oil El Paso Natural Gas (	or Condensate 🔼	Address (Give address to wh	ich approved copy of this form is to be sent)  Farmington New Meyico 87107					
	Name of Authorized Transporter of Cas	inghead Gas 🔲 or Dry Gas 🔀	P. O. Box 990, Farmington, New Mexico 87401  Address (Give address to which approved copy of this form is to be sent)						
	El Paso Natural Gas (	Ompany Unit   Sec.   Twp.   Rge.	P. O. Box 990, Is gas actually connected?	Farmington, New Mexico 87401					
	If well produces oil or liquids, give location of tanks.  If this production is commingled wit	N 12 28N 7W	give commingling order num	nber:					
	COMPLETION DATA	Oil Well Gas Well		eepen Plug Back   Same Res'v.   Diff. Res'v.					
	Designate Type of Completio		X	P.B.T.D.					
	Date Spudded 6-6-74	Date Compl. Ready to Prod. 7-9-74	Total Depth 7919'	7909 1					
	Elevations (DF, RKB, RT, GR, etc.) 6650' GL	Name of Producing Formation Dakota	Top XI/Gas Pay 7700	Tubing Depth 7863 ' Depth Casing Shoe					
	Perforations 77341 77661.	77921, 78031, 78401, 786	65' and 7876'	7919'					
		TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT					
	13 3/4"	CASING & TUBING SIZE 9 5/8"	2421	224 cu. ft.					
	8 3/4"	7"	3676'	261 cu. ft. 820 cu. ft.					
	6 1/4"	4 1/2"	7919' 7863'	Tubing					
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be of	ter recovery of total volume o	f load oil and must be equal to or exceed top allow-					
٠.	OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pu						
	Dute I hat Now On Hear to I		Casing Pressure	Chocar					
	Length of Test	Tubing Pressure	Cdsing Pressure	GG-MCF 23 3114					
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.						
				OIL DIST. 3					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensat					
	4195	3 hours Tubing Pressure (Shut-in)	Casing Pressure (Shut-in	Choke Size					
	Testing Method (pitot, back pr.) Calc. A.O.F.	2638	2641	3/4"					
<b>/1</b> .	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSIONA  APPROVED						
	I hereby certify that the rules and a Commission have been compiled w	rith and that the information given	TITLE  This form is to be filed in compliance with RULE 1104.  If this is a request for sllowable 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.						
	above is true and complete to the								
	11 ls R.								
	M. D. Brises	ntwe)							
	Drilling Clerk								
	στι July 17, 1974	(le)							
(Date)			well name or number, or transported of other book and in multiply						