

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form O-104 Supersedes Old O-104 and C Effective 1-1-65	
STATE		REQUEST FOR ALLOWABLE			
FILE		AND			
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER					
OIL					
GAS					
OPERATOR					
PRODUCTION OFFICE					
Operator					
El Paso Natural Gas Company					
Address					
P. O. Box 990, Farmington, NM 87401					
Reason(s) for filing (Check proper box)					
New Well		Change in Transporter of:		Other (Please explain)	
<input checked="" type="checkbox"/>		Oil <input type="checkbox"/>		Dry Gas <input type="checkbox"/>	
Recompletion		Casinghead Gas <input type="checkbox"/>		Condensate <input type="checkbox"/>	
<input type="checkbox"/>					
Change in Ownership					
<input type="checkbox"/>					
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Kind of Lease	
San Juan 28-7 Unit		226		Basin Dakota	
Location		Pool Name, including Formation		State (Federal) or Fee	
Unit Letter		N		1110	
Feet From The		South		Line and	
1840		Feet From The		West	
Line of Section		36		Township 28-N	
Range 7-W		, NMPM,		Rio Arriba	
County					
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		<input checked="" type="checkbox"/>		P. O. Box 990, Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas		or Dry Gas		Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company		<input checked="" type="checkbox"/>		P. O. Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.		Unit		Sec.	
N		36		28N	
		7W		Is gas actually connected?	
				When	
If this production is commingled with that from any other lease or pool, give commingling order number:					
COMPLETION DATA					
Designate Type of Completion - (X)		Oil Well		Gas Well	
X		X		X	
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
04-05-77		07-18-77		7349'	
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top of Gas Pay	
6135' GR		Dakota		7053'	
Perforations		Depth Casing Shoe			
7053', 7075', 7085', 7177', 7184', 7232', 7257', 7302', 7308'		7349'			
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
13 3/4"		9 5/8"		222'	
8 3/4"		7"		3095'	
6 1/4"		4 1/2"		7349'	
		1 1/2"		7312'	
				tubing	
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	
Actual Prod. During Test		Oil-Bbls.		Water-Bbls.	
				Gas-MCF	
GAS WELL					
Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MMCF	
Testing Method (pitot, back pr.)		Tubing Pressure (shut-in)		Casing Pressure (shut-in)	
		1227		2636	
				Choke Size	
CERTIFICATE OF COMPLIANCE					
OIL CONSERVATION COMMISSION					
APPROVED _____, 19 _____					
BY ORIGINAL SIGNATURE _____					
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 deviatoric 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 conditions. Form O-104 must be filed for each well in which					
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.					
Drilling Clerk					
August 1, 1977					