	DISTRIBUTION SINTAFE LE U.S.G.S.	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65 GAS
1.	IRANSPORTER OIL 1 GAS , OPERATOR / PRORATION OFFICE			
	El Paso Natural Gas	Company		
	P. O. Box 990, Farmington, New Mexico 87401			
	Reason(s) for filing (Check proper box		Other (Please explain)	
	New We!! Recompletion Change in Ownership	Change in Transporter of: Oil Dry Ga Casinghead Gas Conder	77	
	If change of ownership give name and address of previous owner	· · · · · · · · · · · · · · · · · · ·		
11.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	ormation Kind of Lea	se Legse No.
	San Juan 28-7 Unit	134 Basin Dakota	State, Fede	ral pr Fee SF 078417
	Unit Letter K : 146	O Feet From The South Lin	ne and <u>1840</u> Feet From	The West
		wnship 28-N Range		Rio Arriba County
Ш.	1			oved copy of this form is to be sent)
	El Paso Natural Gas Company Nome of Authorized Transporter of Casinghead Gas or Dry Gas Y		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 C	ompany	P. O. Box 990, Farmi	ngton, New Mexico 87401
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. K 21 28-N 7-W		hen
	If this production is commingled wincompletion DATA	th that from any other lease or pool,		
	Designate Type of Completi	on - (X) Oil Well Gas Well X	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	04-11-77 Elevations (DF, RKB, RT, GR, etc.)	07~08-77 Name of Producing Formation	7105 ¹ Top %%/Gas Pay	7097 Tubing Depth
	5998 GR	Dakota	6893'	7053 Depth Casing Shoe
	6893', 6900, 6916, 7012, 7022, 7042, 7050, 70		059, 7076'	7105 '
			CEMENTING RECORD	CACKS CENTUR
	HOLE SIZE 13 3/4"	CASING & TUBING SIZE 9 5/8"	222'	SACKS CEMENT 224 cf
	8 3/4"	7''	2932'	265 cf
	6 1/4"	4 1/2"	7105'	645 cf tubing
v.		OR ALLOWABLE (Test must be a		l and must be equal to or exceed top allow-
	OIL WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			Water - Bbls.	Gas-MCF
	Actual Prod. During Test	Oil-Bbls.		Ode - MOF
	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) 2582	Casing Pressure (Shut-in) 2592	Choke Size
VI.	CERTIFICATE OF COMPLIAN	CE .		ATION-COMMISSION
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.			APPROVED, 19, 19, 19, 19	
		· · · · · ·	TITLE SUPERVISOR DIST. #3	
	A. G. Suc	V.Co	This form is to be filed in compliance with RULE 1104. If this is a request for silowable 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 silow-	
	Drilling Clerk			
	July 29, 1977		able on new and recomplished w	H. M. s. t Vi for chases of owner,
	(Date)		well name or number or message	CLASS CONTROL Change of condition.