NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and
Effective 1-1-55

DISTRIBUTION
SANTA FE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OPERATOR
PRORATION OFFICE

I. Operator

EL PASO NATURAL GAS CO.

Address

BOX 990, FARMINGTON, NEW MEXICO

Reason(s) for filing (Check proper box) | Other (Please explain)

New Well X
Recompletion
Change in Ownership

Change in Transporter of:
Oil
Dry Gas
Casinghead Gas
Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
SAN JUAN 28-6 UNIT	218	UNDES. P.C.	State, Federal or Fee SF	080505

Location

Unit Letter P 1150 Feet From The South Line and 850 Feet From The East

Line of Section 8 Township 28-N Range 6-W NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate X — Address (Give address to which approved copy of this form is to be sent)

EL PASO NATURAL GAS CO. — BOX 990, FARMINGTON, NEW MEXICO

Name of Authorized Transporter of Casinghead Gas or Dry Gas X — Address (Give address to which approved copy of this form is to be sent)

EL PASO NATURAL GAS CO. — BOX 990, FARMINGTON, NEW MEXICO

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	8	28N	6W		

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 Resv.	Diff. Resv.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8/4/77	11/10/77	3888'	3878'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6821' GR	P.C.	3706'	Tubingless

Perforations	Depth Casing Shoe
3706,3713,3722,3727,3732,3737,3742'	3888'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	131'	106 CF
6 3/4"	2 7/8"	3888'	367 CF
	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 for this depth or be for full 24 hours)

OIL WELL

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
		1117	

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.

R. G. Sisler
(Signature)

Drilling Clerk
(Title)

11/15/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY Original Signed by A. R. Kendrick

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 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