

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION 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

API 30-039-21649

I. OPERATOR

Operator: EL PASO NATURAL GAS CO.

Address: BOX 289, FARMINGTON, NEW MEXICO

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

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:			
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>SAN JUAN 28-7 UNIT</u>	Well No. <u>246</u>	Pool Name, including Formation <u>BASIN DAKOTA</u>	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	SF	Lease No. <u>078417</u>
Location Unit Letter <u>P</u> : <u>1150</u> Feet From The <u>S</u> Line and <u>245</u> Feet From The <u>E</u>					
Line of Section <u>7</u> Township <u>28N</u> Range <u>7W</u> , NMPM, <u>Rio Arriba</u> County					

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>EL PASO NATURAL GAS CO.</u>	<u>BOX 289, FARMINGTON, NEW MEXICO</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>EL PASO NATURAL GAS CO.</u>	<u>BOX 289, FARMINGTON, NEW MEXICO</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>P 7 28N 7W</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

II. COMPLETION DATA

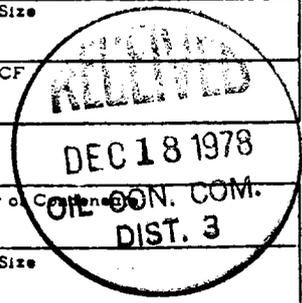
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>9/29/78</u>	Date Compl. Ready to Prod. <u>12/11/78</u>	Total Depth <u>8037'</u>	P.B.T.D. <u>8020'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>6852 GR</u>	Name of Producing Formation <u>DK</u>	Top Oil/Gas Pay <u>7773'</u>	Tubing Depth <u>7958'</u>					
Perforations <u>7773, 7780, 7788, 7795, 7802, 7867, 7906, 7933, 7950, 7955, 7984 w/1 SPZ.</u>	Depth Casing Shoe <u>8037'</u>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>13 3/4"</u>	<u>9 5/8"</u>	<u>215'</u>	<u>224 cf.</u>					
<u>8 3/4"</u>	<u>7"</u>	<u>3836'</u>	<u>280 cf.</u>					
<u>6 1/4"</u>	<u>4 1/2"</u>	<u>8037'</u>	<u>654 cf.</u>					
	<u>1 1/2"</u>	<u>7958'</u>	<u>tubing</u>					

III. 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in) <u>1992</u>	Casing Pressure (shut-in) <u>2462</u>	Choke Size



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.

Debra Bradfield
 (Signature)
 Drilling Clerk
 (Title)
 12/14/78
 (Date)

OIL CONSERVATION COMMISSION
 DEC 21 1978
 APPROVED _____
 BY Original Signed by A. R. Kendrick
 TITLE SUPERVISOR DIST. #

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.