

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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 30-039-21651

Operator EL PASO NATURAL GAS CO.	
Address BOX 289, FARMINGTON, NEW MEXICO	
Reason(s) for filing (Check proper box)	
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

1. DESCRIPTION OF WELL AND LEASE

Lease Name SAN JUAN 28-7 UNIT	Well No. 248	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, <u>Federal</u> or Fee	Lease No. SF 078417
Location				
Unit Letter B	1180	Feet From The N	Line and 1610	Feet From The E
Line of Section 18	Township 28N	Range 7W	, NMPM, Rio Arriba County	

1. 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)				
EL PASO NATURAL GAS CO.	BOX 289, FARMINGTON, NEW MEXICO				
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)				
EL PASO NATURAL GAS CO.	BOX 289, FARMINGTON, NEW MEXICO				
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 18	Twp. 28N	Rge. 7W	Is gas actually connected? When

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

1. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 10/26/78	Date Compl. Ready to Prod. 12/11/78	Total Depth 7954'	P.B.T.D. 7943'					
Elevations (DF, RKB, RT, GR, etc.) 6776' GR	Name of Producing Formation DK	Top <del>Gas</del> Gas Pay 7696'	Tubing Depth 7883'					
Perforations 7696, 7704, 7711, 7717, 7724, 7758, 7794, 7830, 7836, 7861, 7884, 7890, 7895 w/1 SPZ			Depth Casing Shoe 7954'					
TUBING, CASING, AND CEMENTING RECORD								
MOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	212'	212 cf					
8 3/4"	7"	3816'	296 cf					
6 1/4"	4 1/2"	7954'	633 cf.					
	1 1/2"	7883'	tubing					

1. 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 (pilot, back pr.)	Tubing Pressure (Shut-in) 2017	Casing Pressure (Shut-in) 2392	Choke Size

1. 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.

Agnes Bradford  
(Signature)  
Drilling Clerk  
(Title)  
12/14/78  
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 21 1978, 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 completed wells.