

DISTRIBUTION	
SANTA FE	
FILL	
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

Operator El Paso Natural Gas Company	
Address P. O. Box 289, Farmington, NM 87401	
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

I. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-7 Unit	Well No. 255	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. SF 079289 A
Location Unit Letter <u>E</u> ; <u>1890</u> Feet From The <u>N</u> Line and <u>1130</u> Feet From The <u>W</u> Line of Section <u>15</u> Township <u>28-N</u> Range <u>7-W</u> , NMPM, <u>Rio Arriba</u> County				

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 Company Box 289, Farmington, NM 87401	
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 Company Box 289, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>15</u>
	Twp. <u>28N</u>	Rge. <u>7W</u>
	Is gas actually connected? <input type="checkbox"/> 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	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
		X	X					
Date Spudded 6-18-78	Date Compl. Ready to Prod. 2-20-79		Total Depth 7323'		P.B.T.D. 7317'			
Elevations (DF, RKB, RT, GR, etc.) 6118' GL	Name of Producing Formation Dakota		Top 223 /Gas Pay 7054'		Tubing Depth 7264'			
Perforations 7054, 7057, 7060, 7079, 7086, 7174, 7178, 7181, 7212, 7239, 7245, 7268'					Depth Casing Shoe 7323'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	223'	224 cf
8 3/4"	7"	3170'	272 cf
6 1/4"	4 1/2"	7323'	643 cf
	1 1/2"	7264'	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	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
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 1682	Casing Pressure (Shut-in) 2712	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.

A. P. Sisco
(Signature)

(Title)

Drilling Clerk

March 12, 1979

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 15 1979, 19
Original Signed by A. R. Kendrick
BY SUPERVISOR DIST. 3
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 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.