DISTRIBUTION SANIATE	REQUES	CONSERVATION COMMIT TEOR ALLOWABLE AND		Poim G-164 Superveder Old C-104 and C-1 Effective 1-1-65
LAND OFFICE  IRANGPORTER OIL GAS	AUTHORIZATION TO TI	RANSPORT OIL AUD N		
PRORATION OFFICE Operator			`; `;	30-039-21820
EL PASO NATUR	AL GAS CO.		· · · · · · · · · · · · · · · · · · ·	
BOX 289, FARM Reason(s) for filing (Check proper be New Well Recompletion Change in Ownership.	Change in Transporter of:	Other (Please e	xplain)	
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND Lease Name SAN JUAN 28-5	Well No. Pool Name, Including	1_	ind of Lease ate Federal or Fee	Lease No. SF 079520
_	555 Feet From The N L	ine and	Feet From The	3
Line of Section 24 T	ownship 28N Range	51V , NMPM,	Rio Arriba	County
DESIGNATION OF TRANSPOI  Name of Authorized Transporter of O  EL PASO NATUR  Name of Authorized Transporter of O  EL PASO NATUR  If well produces oil or liquids, give location of tanks.	AL GAS CO.	Address (Give address to to BOX 289, FARMING Address (Give address to to BOX 289, FARMING Is gas actually connected?	STON, NEW MEXI which approved copy of STON, NEW MEXI	(CO)
f this production is commingled w	th that from any other lease or pool,	, give commingling order no	ımber:	
Designate Type of Completi	, X	New Well Workover	Deepen Plug Bac	Same Resty. Diff. Resty.
Date Spudded  11/15/78  Elevations (DF, RKB, RT, GR, etc., 7331 GL	Date Compl. Ready to Prod.  1/4/79  Name of Producing Formation  DK	Total Depth  8736   Top	P.B.T.D.	87291
8566,8572,8602	2,8612,8620,8631,8636,864		1 SPZ. Depth Co	sing Shoe
	TUBING, CASING, AN	D CEMENTING RECORD		<u>8736'</u>
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT
13 3/4'' 8 3/4''	9 5/8"	423' 4636'		318 cf. 223 cf
6 1/4"	4 1/2"	8736'		643 cf
	1 1/2"	i 8684'		Tuhing
TEST DATA AND REQUEST FOIL WELL	able for this d	after recovery of total volume epth or be for full 24 hours)		equation of exceed top allow
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, p	imp, gas iiji, etc.)	
Length of Test	Tubing Pressure	Casing Fressure	©hok• Si	
Actual Pred. During Test	Oil-Bble.	Water - Bbls.	Gas - MC	
GAS WELL			1 6	and the second
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbla. Condensate/MMCF	Gravity	Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in	) Choke Siz	:•
	462	2652		

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.

A. B. Succes	•
(Signature)	
Drilling Clerk	
(Title)	
1/15/79	İ

(Dute)

OIL CONSERVATION COMMISSION APPROVED. BY Original Signed by A. R. Kendrick

SUPERVISOR LIST. A 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 MULE 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.

## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

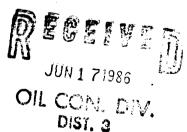
	T	
DISTRIBUTION	+-	_
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		L
00554708	$\neg$	Ι

## OIL CONSERVATION DIVISION

au, as coste accepted				Form C-103
DISTRIBUTION	P. O. BOX	2088	/	Revised 10-1-78
SANTA FE	SANTA FE, NEW	MEXICO 87501	/	•
FILE			5¢. 1	ndicate Type of Lease
U.S.G.S.		•		itate X Fee
LAND OFFICE			5. St	ate Oil & Gas Lease No.
PERATOR	J	•	/ / 5	SF 079520
ING HOT HEE THIS FORM FOR PRO	Y NOTICES AND REPORTS ON TO THE PLUE BA	CK IO K DIFFERENI NEGETOIN.		
I.  OIL  WELL  WELL  WELL				nii Agreemeni Name San Juan 28-5 Unit
	OTHER-		/	arm or Lease Name
2. Name of Operator		<i>'</i>		San Juan 28-5 Unit
El Paso Natural	Gas Company			ell No.
3. Address of Operator	•	•	] * "	
P.O. Box 4289,	Farmington, New Mexico 8	7499		98
4. Location of Well			10.	Field and Pool, or Wildcat
UNIT LETTER H	555 PEET PROM THE North	LINE AND 7901 FE	T FROM	Basin Dakota
	ON 24 TOWNSHIP 28-N			
	15. Elevation (Show whether I	DF, RT, GR, etc.)		o Arriba
16. Check	Appropriate Box To Indicate N	ature of Notice, Report	or Other D	ata
	NTENTION TO:	SUBSE	QUENT RE	PORT OF:
PERFORM REMEDIAL WORK  TEMPORARILY ABANDON  PULL OR ALTER CASING	PLUG AND ABANDON	REMEDIAL WORK  COMMENCE DRILLING SPHS.  CASING TEST AND CEMENT JQB  OTHER RETURN TO	production	ALTERING CASING  PLUG AND ABANDONMENT  X
DTHER	Clearly state all pertinent deta	ile and sing partings dates in	ocluding estim	ated date of starting any proposed

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, work) SEE RULE 1103.

(6-13-86): Returned well to production after 90 day plus shut-in.



	DIST. 3	
·		
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  Production Foreman	DATE June 16, 1986	
DEPUTY OIL & GAS INSTRUCTOR, DIST. #3	JUN 17 1986	
CONDITIONS OF APPROVAL, IF ANY:		