

DISTRIBUTION	
ANTA FE	
FILE	
J.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-111
Effective 1-1-65

API 30-039-21869

I. Operator
El Paso Natural Gas
Address
Box 289, Farmington, New Mexico
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-6 Unit	Well No. 5A	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee Federal	Lease No. NM 02805
Location Unit Letter J ; 1700 Feet From The South Line and 1690 Feet From The East Line of Section 14 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 <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) Box 289, Farmington, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline	Address (Give address to which approved copy of this form is to be sent) Box 90, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 14
	Twp. 28-N	Rge. 6-W
	Is gas actually connected? When	

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 Res'v.	Diff. Res'v.
		X	X					
Date Spudded 5-31-79	Date Compl. Ready to Prod. 9-4-79		Total Depth 5925'		P.B.T.D. 5908'			
Elevations (DF, RKB, RT, GR, etc.) 6410' GL	Name of Producing Formation Mesa Verde		Top Oil/Gas Pay 4964		Tubing Depth 5857'			
Perforations 4964, 4983, 5023, 5030, 5040, 5056, 5072, 5083, 5089, 5095, 5111, 5126, 5178					Depth Casing Shoe 5186, 5193, 5220, 5267, 5329, 5450, 5460, 5466, 5472, 5478, 5484, 5489, 5499, 5505, 5522, 5536, 5544, 5552, 5569, 5580, 5587, 5607, 5621, 5671, 5695, 5720, 5729, 5786, 5806, 5830, 5875' w/ 1 SPZ.			
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
13 3/4		9 5/8"		223'		224 cf		
8 3/4		7 "		3622'		248 cf		
6 1/4		4 1/2" Liner		3452-5925'		423 cf		
		2 3/8"		5857'		Tubing		

V. 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) 466	Casing Pressure (Shut-in) 675	Choke Size

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.

D. G. Buico
(Signature)

Drilling Clerk

(Title)

9-10-79

(Date)

OIL CONSERVATION COMMISSION

SEP 17 1979

APPROVED _____, 19____

BY Original Signed by A. R. Hernandez

TITLE SUPERVISOR DISTRICT # 2

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 multiple