			1		ı			
	DISTRIBUTIO							
	ANTA FE		1					
	FILE	1						
	u.s.g.s.							
	LAND OFFICE							
	TRANSPORTER	OIL	1					
	TRANSFORTER	G A S	7					
	OPERATOR		7					
1.	PRORATION OFFICE							
	El Paso Natural Ga							
	Box 289, Farmington,							

	DISTRIBUTION	NEW MEXICO OU	60.4655		•		
	IANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION		MISSION	Form C-104		
	FILE	REQUES	ST FOR ALLOWABLE		Supersedes Old C-104 and C.		
	U.S.G.S.	AND			Effective 1-1-65		
	·	AUTHORIZATION TO T	TRANSPORT OIL AND NATURAL GAS				
	LAND OFFICE		TO TRANSFORT OIL AND NATURAL GAS				
	TRANSPORTER OIL /	7					
	GAS /	\neg					
	OPERATOR	 					
_	 / / 	<u> </u>		•			
I.	PRORATION OFFICE			AP	1 30-039-21877		
	4 '	. C C		······································			
	El Paso Natural	. Gas Company					
	Address						
	Box 289, Farmin	ngton, New Mexico 87401	•				
	Reason(s) for filing (Check proper be	ori					
	New Well		Other (Please	explain)			
		Change in Transporter of:					
	Recompletion	Oil Dry	Gas				
	Change in Ownership	Casinghead Gas Cond	densate				
	•						
	If change of ownership give name	· ·					
	and address of previous owner						
**	DECORIDATION OF THE						
11.	DESCRIPTION OF WELL AND) LEASE					
	\ · · · · · · · · · · · · · · · · · ·	Well No. Pool Name, Including		Kind of Lease	Lease No.		
	San Juan 28-6 Unit	28-6 Unit 76 A Blanco Mesa Verde		Federal	SF079547		
	Location				51079347		
	E 14	50 North	700	T.:	7		
	Unit Letter E ; 14	50 Feet From The North L	.ine and	_ Feet From The	lest .		
	27						
	Line of Section 23	ownship 28-N Range	6-W , NMPM	Rio A	rriba _		
					County		
III.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G	:AC		•		
	Name of Authorized Transporter of O.	or Condensate X	Address (Give address				
	El Paso Natural Ga		Address (Give address to which approved copy of this form is to be sent) Box 289, Farmington, New Mexico 87401				
	Name of Authorized Transporter of Co		BOX 209, Farm	ington, New Me	x1co 87401		
	Name of Authorized Transporter of Co	asinghead Gas or Dry Gas 🛣	Address (Give address t	which approved copy of	of this form is to be sent)		
	Northwest Pipeline	Corporation	Box 90, Farmington, New Mexico 87401				
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connecte				
	give location of tanks.	E 23 28-N 6-W		-			
							
•••	If this production is commingled w	ith that from any other lease or pool,	, give commingling order	number:			
-1V.	COMPLETION DATA						
	Designate Type of Completi	Oil Well Gas Well	New Well Workover	Deepen Plug Ba	ick Same Res'v. Diff. Res'v.		
-	Designate Type of Complett	X = (X)	X	1 1	1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth				
i	4-3-79	8-22-79	5955'	P.B.T.D	•		
}	Elevations (DF, RKB, RT, GR, etc.)			59.	39 '		
ļ	6489' G.L.		Top Gas Pay	Tubing I	Depth		
		Mesa Verde	5003'	586	68 [.] 1		
1	Perforations 5003,5012,5036	,5088,5094,5100,5112,515	3.5167.5186.5210	5218 Depth C	asing Shoe		
	5338,5347,5356,5398,546	65,5522,5526,5530,5534,5	538 5542 5546 559	1 5550 59	955 '		
- 1	5562 5582 5587 5502 560	7 5672 5670 5651 5656 5	250,5542,5540,55	4,3330,			
ŀ	3302,3302,3307,3332,300	03,5632,5638,5651,5656,50					
-	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	r	SACKS CEMENT		
	13 3/4"	9 5/8"	2221	2.2	24 cf.		
L	8 3/4"	7''	3685'		ol cf.		
	6 1/4"	4 1/2" Liner	3510-5955				
- 1		2 3/8"			23 cf.		
٠			5856	<u>tı</u>	abing		
Y.]	FEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	after recovery of total volum	of load oil and must b	e coughto or exceed top allows		
_	7125 (1252)		cpin or be jur juit 24 hours)		top and		
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow,	pump, gas lift, etc.)			
- 1		1	The second second				
	Length of Test	Tubing Preseure	Casing Pressure	Choke Si	20		
1					Tajia en en e		
-	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.		,		
ľ			"ATAL - DITE!	GA-MC	F *		
I_		<u> </u>					
			•	0.			
_	gas well			J. 1.2.			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	GARGE	of Condensate		
				2. Link	- Superiori		
-	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosine Bearing Art 4	7			
	(provide provide price)	, (Stut-14)	Casing Pressure (Shut-1	Choke Si	The second of th		
L		842	834		l l		
VI. C	ERTIFICATE OF COMPLIANC	CE		NSERVATION CO	OMMISSION		
		!	l [• • • • • • • • • • • • • • • • • • • •		
	Secretary and the state of the		APPROVED, 19				
, r	nereby certify that the fules and formulation have been complied	egulations of the Oil Conservation with and that the information given					
a !	bove is true and complete to the	best of my knowledge and belief.	By Original Signed by A. E. Kendrick				
	• • • • • • • • • • • • • • • • • • • •	and series.	BA OI IZINAI DIZNEE IV A				
	n		TITLE	eに 510ま 選 -			
	$\Omega = 1/A = A$		*****				
	M. D. Sec.	244	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened				
_							
	(Signa	ture)	well, this form must b	well, this form must be accompanied by a tabulation of the deviation			
	Drilling Clerk	j	tests taken on the we	ll in accordance with	RULE 111.		
_	(Titl	[e)	All sections of this form must be filled out completely for allow-				
	August 27, 1979		able on new and recor	npleted wells.	-		
-		-,	Fill out only Sec	tions I, II, III, and	VI for changes of owner,		
	(Dat	e)	well name or number, o	r transporter, or other	such change of condition.		