

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-70

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LAND OFFICE	
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator El Paso Natural Gas Company	
Address P.O. Box 289, Farmington, NM 87401	
Person(s) for filing (check proper box)	Other (Please explain)
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 _____

DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-7 Unit	Well No. 74A	Pool Name, including Formation Blanco MV	Kind of Lease State, Federal or Fee	Lease No. SF 079289A
Location Unit Letter <u>I</u> ; <u>1600</u> Feet From The <u>South</u> Line and <u>870</u> Feet From The <u>East</u>				
Line of Section <u>11</u> Township <u>28N</u> Range <u>7W</u> , NMPM, Rio Arriba County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 289, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 289, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit <u>I</u> Sec. <u>11</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 numbers: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 6-9-80	Date Compl. Ready to Prod. 5-7-81	Total Depth 5990'		P.E.T.D. 5972				
Elevations (DF, RKB, RT, GR, etc.) 6557' GL	Name of Producing Formation MV	Top Oil/Gas Pay 4985		Tubing Depth 5905				
5542, 5547, 5552, 5557, 5562, 5567, 5577, 5583, 5594, 5605, 5626, 5644, 5671, 5696, 5706, 5711, 5788, 5837, 5856, 5865, 5881, 5910, 5926, 4985, 5063, 5083, 5090, 5120, 5131, 5142, 5210, 5231, 5272, 5279, 5300, 5340, 5372, 5411'		Depth Casing Shoe 5990'						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
13 3/4"	9 5/8"	241		224 ef.				
8 3/4"	7"	3650'		274 ef.				
6 1/4"	4 1/2"	3527-5990'		429 ef.				
	2 3/8"	5950'						

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test - MCF/D 288	Length of Test 3 hours	Bbls. Condensate/MMCF	Grav. of Condensate
Testing Method (pilot, back pr.) CALC. A.O.F.	Tubing Pressure (Shut-in) 811	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

L. J. Mico
(Signature)

Drilling Clerk

(Title)

May 11, 1981

(Date)

OIL CONSERVATION DIVISION

MAY 21 1980

APPROVED _____, 19____

BY Original Signed by FRANK T. CHAVEZTITLE 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 Form C-104 must be filed for each pool in multiply