

OIL CONSERVATION DIVISION

Form C-104
Revised 10-1-70

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
DISTRIBUTION	
SALE	
PIPE	
DRILL	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	
OPERATOR	

El Paso Natural Gas Company

Address

P.O. Box 289, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
San Juan 28-5 Unit	59M	Blanco Mesa Verde	State/Federal/cr Fee	SF 080505
Location				
Unit Letter	C	1000	Feet From The North	Line and 1690
Line of Section		30	Township	28-North
Range		5-West	, NEPM, Rio Arriba	
		County		

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	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 ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
Northwest Pipeline Corp.	P.O. Box 90, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	30	28-N	5W		

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 Resv.	Diff. Resv.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
4-26-81	11-18-81	7890'	7882'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Gas/Gas Pay	Tubing Depth					
6582' GL	Blanco Mesa Verde	5090'	5949'					
5544, 5569, 5573, 5577, 5581, 5592, 5601, 5636, 5641, 5654, 5666, 5678, 5686, 5703, 5710, 5718, 5726, 5739, 5757, 5787, 5812, 5832, 5837, 5854, 5868, 5917, 5927, 5942, 5958'	5090, 5111, 5156, 5179, 5200, 5210, 5222, 5227, 5318, 5386, 5408, 5449, 5455'	W/L SDZ						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	218'	324 cf.					
12 1/2"	9 5/8"	3750'	719 cf.					
8 3/4"	7"	3620-6144'	653 cf.					
6 1/4"	4 1/2" 1 1/2"	6005-7890'	5949'					

TEST DATA AND REQUEST FOR ALLOWABLE (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
OIL WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
7868	3 hrs.		
Testing Method (Flow, back pr.)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-In)	Choke Size
CALC. A.O.F.	SI 610	SI 595	

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.

Drilling Clerk

November 23, 1981

OIL CONSERVATION DIVISION

NOV 30 1981

APPROVED _____, ID _____

Original Signed by FRANK T. CHAVEZ

BY _____ SUPERVISOR DISTRICT #3

TITLE _____

This form is to be filed in compliance with RULE 110a.

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 transport, or other such change of condition.

Separate forms C-104 must be filed for each pool in multiple completion wells.