

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

NO. OF TAPING SERVICES	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	
Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-7 Unit	Well No. 194E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee SF	Lease No. 078417
Location Unit Letter <u>I</u> : <u>1670</u> Feet From The <u>South</u> Line and <u>1060</u> Feet From The <u>East</u> Line of Section <u>21</u> Township <u>28-N</u> Range <u>7-W</u> , NMPM, <u>Rio Arriba</u> County				

II. 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 Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 289, Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 289, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 21	Twp. 28-N	Rge. 7-W	Is gas actually connected? <input type="checkbox"/>	When

If this production is commingled with that from any other lease or pool, give commingling order number:

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
		X	X					
Date Spudded 7-5-81	Date Compl. Ready to Prod. 12-2-81	Total Depth 7325'	P.B.T.D. 7318'					
Elevations (DF, RAB, RT, GR, etc.) 6165'	Name of Producing Formation Dakota	Top of Gas Pay 7077'	Tubing Depth 7272'					
7777, 7084, 7099, 7108, 7200, 7209, 7226, 7235, 7242, 7256, 7263, 7272, 7285' W/1 SPZ.			Depth Casing Shoe 7325'					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	9 5/8"	244'	224 cf.					
8 3/4"	7"	3091'	319 cf.					
6 1/4"	4 1/2"	7325'	649 cf.					
	1 1/2"	7272'						

IV. 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 646	Length of Test	Bbls. Condensate/MCF	Shut-in of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (Shut-in) 2450	Casing Pressure (Shut-in) 2542	Choke Size

V. 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

December 4, 1981

OIL CONSERVATION DIVISION

APPROVED _____, 19

Original Signed by FRANK T. CHAVEZ

BY _____ SUPERVISOR DISTRICT 3

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 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 completed wells.

