

OIL CONSERVATION DIVISION

Form C-104
Revised 10-1-70P. O. BOX 2888
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

REGISTRATION	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
LANDING OFFICE	

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 San Juan 28-6 Unit	Well No. 29A	Pool Name, including Formation J. Blanco Pic. Cliffs	Kind of Lease State, Federal or Foreign SF	Lease No. 079050 A
Location				
Unit Letter <u>p</u> : <u>850</u> Feet From The <u>South</u> Line and <u>890</u> Feet From The <u>East</u>				
Line of Section <u>27</u> Township <u>28-North</u> Range <u>6-West</u> N.M.P.M. <u>Rio Arriba</u> 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, New Mexico	
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, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	P	27
		Twp.
		28-N
		Rge.
		6-W

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 Res't.	Diff. Res't.
		X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
10-30-81	1-13-82		5991'		5975'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Gas/Gas Pay		Tubing Depth			
6561'	Pic. Cliffs		3335		3405'			
					Depth Casing Shoe			
					5991'			

3335-3350, 3350-3365, 3374-3379, 3396-3401, 3406-3414' W/10 SPZ.

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	215'	224 cf.
8 3/4"	7"	3619'	402 cf.
6 1/4"	4 1/2" liner	3488-5991'	438 cf.
	1 1/4"	3405'	

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)

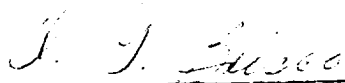
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2632			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Calc. A.O.	SI 1045	SK 1035	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-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.


(Signature)

Drilling Clerk

(Title)

January 18, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED

Original Signed by FRANK T. CHAVEZ

BY

SUPERVISOR DISTRICT III

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 Forms C-104 must be filed for each pool in multiple completions.