

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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OIL CON. DIV. 1
DIST. 3

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
El Paso Natural Gas Company

Address
P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinthead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease name San Juan 28-5 Unit	Well No. 84E	Pool Name, including Formation Basin Dakota	Kind of Lease State, (Federal) or Fee SF	Lease No. 080516
Location Unit Letter <u>0</u> ; <u>790</u> Feet From The <u>South</u> Line and <u>1450</u> Feet From The <u>East</u> Line of Section <u>16</u> Township <u>28N</u> Range <u>5W</u> , NMPM, Rio Arriba Cou:				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinthead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit : Sec. : Twp. : Rge. : Is gas actually connected? : When
	0 : 16 : 28N : 5W : No :

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.



(Signature)
Drilling Clerk

(Title)
11-18-85

(Date)

OIL CONSERVATION DIVISION
APPROVED _____, 19____
BY Original Signed by FRANK T. CHAVEZ

TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Reservoir	DITL
Date Spudded 10-20-85	Date Compl. Ready to Prod. 11-14-85		X	X					
				Total Depth	7947'	P.B.T.D.		7938'	
Elevations (DF, RKB, RT, CR, etc.) 6575' GL	Name of Producing Formation Basin Dakota		Top Oil/Gas Pay		7738'	Tubing Depth		7905'	
Perforations 7738, 7742, 7811, 7815, 7819, 7822, 7825, 7828, 7873, 7876, 7879, 7882,								Depth Casing Shoe 7931'	
* Continued Perf's Listed Below TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		9 5/8"		222'		138 cu ft			
8 3/4"		7"		3783'		305 cu ft			
6 1/4"		4 1/2"		7932'		641 cu ft			
		1 1/2"		7905'					

V. 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	Chose Size	
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
	SI 7 Days		
Testing Method (qual. back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Chose Size
	SI 1500	SI 1660	

* Continued Perf's:

7885, 7888, 7891, 7894, 7897, 7900, 7903, 7906, 7919, 7923, 7927, 7931, 7935 w/1 SPZ.