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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
PRORATION OFFICE		

9-300

2-Phillips (Polcast, Dullender)

1-Allenrick

1-F

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

Supersedes Old C-104 and C-110
Effective 1-1-65REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Eata Development Co.	
Address 234 Petr. Club Plaza, Farmington, N. M.	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-6 Unit	Well No. 92	Pool Name, including Formation Basin Dakota	Kind of Lease Federal
			State, Federal or Fee NM-012698
Location			
Unit Letter M	1190	Feet From The South Line and 1040	Feet From The West
Line of Section 12	Township 29N	Range 6W	NMPM, Rio Arriba County

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)		
LaMar Trucking Co.	PO Box 1528, Farmington, N. M.		
Name of Authorized Transporter of Casinghead 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 Co.	PO Box 990, Farmington, N. M.		
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 12	Twp. 29N
			Rge. 6W
			Is gas actually connected? No
			When Waiting on pipeline connection

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
		X	X					
Date Spudded 8-10-65	Date Compl. Ready to Prod. 9-9-65		Total Depth 7994'		XXXXXX CO 7970'			
Pool Basin Dakota	Name of Producing Formation Dakota		Top Oil/Gas Pay 7843'		Tubing Depth 7954'			
Perforations 7843-55, 7891-96 & 7908-14 w/4 JPF 7930-42 w/2 JPF					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		294'		175 sx			
7-7/8"	4-1/2"		7994'		560 sx			
	2" EUE		7954'					

V. 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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-Bbls.

GAS WELL

Actual Prod. Test-MCF/D 4,235	Length of Test 3 hrs	Bbls. Condensate/MMCF N.A.	Gravity of Condensate N.A.
Testing Method (pitot, back pr.) choke	Tubing Pressure 340	Casing Pressure 1211	Choke Size 3/4"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Commission have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.Original signed by:
JOHN T. HAMPTON

(Signature)

Manager

(Title)

September 27, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 28 1965**, 19BY **Original Signed Emery C. Arnold**TITLE **Supervisor Dist. # 3**

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 allow-
able on new and recompleted wells.Fill out Sections I, II, III, and VI only 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 multiply
completed wells.