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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
PROBATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

1. Operator		EL PASO NATURAL GAS CO.	
Address		BOX 990, FARMINGTON, NEW MEXICO	
Reason(s) for filing (check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
SAN JUAN 29-7	82(OW/O)	BLANCO MESA VERDE	State, Federal or Fee	SF 078945
Location				
Unit Letter	B	990	Feet From The	North
			Line and	1650
			Feet From The	East
Line of Section	4	Township	29N	Range
			7W	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)
EL PASO NATURAL GAS CO.				BOX 990, FARMINGTON, NEW MEXICO
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.				BOX 990, FARMINGTON, NEW MEXICO
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.
	B	4	29N	7W
				Is gas actually connected?
				When

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'v.	Diff. Res'v.
		X		X	X		X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
W/O 6/30/78	7/17/78	5703'	5686'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Gas Pay	Tubing Depth					
6188' GL	MV	4801	5629'					
Perforations	Depth Casing Shoe							
4801, 4808, 4815, 4832, 4851, 4858, 4865, 4872, 4926, 4955, 5024, 5030, 5040, 5047, 5073, 5082, 5101, 5123, 5132' w/1SPZ. 5235, 5240, 5254, 5268, 5274, 5280, 5286, 5292, 5298, 5304, 5310, 5317, 5323, 5339, 5353, 5377, 5382, 5426, 5482, 5530, 5560, 5633 w/1SPZ.	5703'							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	9 5/8"	173'	125 sks					
8 3/4"	7"	4737'	500 sks					
6 1/4"	4 1/2"	5703'	246 cf					
	2 3/8"	5629'	Tubing					

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 - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	W/O 624	W/O 903	

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.

Drilling Clerk
(Signature)
8/23/78
(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY _____
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 multiply completed wells.

The following workover commenced June, 1978:

6/29/78: Moved on Dwinell Rig #1 to workover.

6/30/78: Cut off 2 3/8" tubing at 4830'. Set retainer at 4637'. Tested 7" casing to 1000#, OK. Squeezed open hole w/150 sks cement. Shot squeeze hole at 1950'. Set retainer at 1836'. Squeezed w/125 sks cement. WOC.

7/1/78: Tested squeeze, OK.

7/2/78: Drilled out cement to 4755' and started side track hole.

7/4/78: T.D. at 5703 and logging.

7/5/78: Ran 140 joints 4 1/2", 10.5# K-55 casing liner 5788' set at 5692-5703'. Float collar set at 5686'. Cemented with 246 cu. ft. WOC 18 hours. Top of cement 3850'.

7/8/78: PBTD 5686'. Tested casing to 4000#, OK. Perfed C.H. and Men. 4801,4808, 4815,4832,4851,4858,4865,4872,4926,4955,5024,5030,5040,5047,5073,5082,5101,5123,5132 with 1 SPZ. Fraced w/60,000# 20/40 sand and 118,000 gal. water. Flushed w/3500 gal. water. Perfed Mass. and Lower P.L. 5235,5240,5254,5268,5274,5280,5286,5292, 5298,5304,5310,5317,5323,5339,5353,5377,5382,5426,5482,5530,5560,5633' w/1 SPZ. Fraced with 65,000# 20/40 sand and 117,600 gal. water. Flushed w/3700 gal. water.

7/9/78: Ran 181 jts. 2 3/8", 4.7# J-55 tubing 5618' set at 5629'. S.N. set at 5597'.

7/17/78: Date of completion.