EL PASO NATURAL GAS COMPANY

DEVIATION REPORT

			•			
Nome Of Company El Paso Natural Gas Company		Address PC	Address PO Box 990, Farm		JM 87401	
Ceose San Juan 29-5 Unit	Well No.	Unit Letter A	Section 18	Township 29N	Range 5W	
Pool Basin Dakota				County Pio Ammil		

DEPTH	DEVIATION
90°	1/4°
220'	1/4°
733°	1/2°
1320'	1°
1879'	2 1/4°
2379'	1 1/2°
2806'	1°
3650 '	3/4°
4220'	3/4°
4720 '	1°
5 230 '	1°
5730 '	1°
6235*	3/4°
7235*	1°
77 4 0'	2 1/2°
7900'	2 1/4°



I, the undersigned, certify that I, acting in my capacity as Petroleum Engineer of El Paso Natural Gas Company, am authorized by said Company to make this report; and that this report was prepared by me or under my supervision and directions and that the facts stated therein are true to the best of my knowledge and belief.

Subscribed and sworn to before me this 3rd day of Ianuary, 1974.

Notary Public in and for San Juan County, New Mexico

My commission expires October 5, 1976.

	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE		ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and Effective 1-1-65		
	U.S.G.S. LAND OFFICE IRANSPORTER OIL / GAS / OPERATOR / PRORATION OFFICE	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	AS		
1.	El Paso Natural Gas Co					
	PO Box 990, Farmingto Reason(s) for filing (Check proper box New We!! Recompletion Change in Ownership If change of ownership give name and address of previous owner	Change in Transporter of: Oil Dry Gas Casinghead Gas Conden		,		
II.	DESCRIPTION OF WELL AND	LEASE Well No.: Pool Name, Including Fo	ormation Kind of Lease			
	San Juan 29 - 5 Unit	68 Basin Dakota	State(Federa	1 gr Fee SF 07828		
,	Location Unit Letter A : 118	Feet From The	e andFeet From			
	Line of Section 18 To	wnship 29N Range	5W , NMPM, I	Rio Arriba Cou		
m.	Name of Authorized Transporter of OL Reference of Authorized Transporter of OL Reference of Authorized Transporter of Ca	Company	PO Box 990, Farmingto	on, NM 87401 ved copy of this form is to be sent)		
	El Paso Natural Gas C	ompany Unit Sec. Twp. Pge.	PO Box 990, Farmingto			
	If well produces oil or liquids, give location of tanks.	A 18 29N 5W	. 1			
IV.	COMPLETION DATA	on - (X) Gas Well X	New Well Workover Deepen X	Plug Back Same Resty. Diff.		
	Designate Type of Completi	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. 7953		
	10-28-73 Elevations (DF, RKB, RT, GR, etc.)	12-12-73 Name of Producing Formation	7959' Top XXI/Gas Pay	Tubing Depth 7883*		
	6500'GL	Dakota	7801'	Depth Casing Shoe 7959'		
	7801', 7806', 7861',		D CEVENTING BECORD			
	HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT		
	13 3/4"	9 5/8"	220' 3782'	461 cu.f 273 cu.f		
	8 3/4"	7" 4 1/2"	7959'	644 cu f		
	6 1/4"	1 1/2"	7883'	tubing		
V.	TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	after recovery of total volume of load oil	l and must be equal to or exceed to		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	ift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	/ //LULI I		
	CACHETT			JAN 10 197A		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Cranta of Eout OM: CO		
	2878	3 hrs.	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in) 2035	2516	3/4"		
VI	Calc. AOF CERTIFICATE OF COMPLIA		OIL CONSERV	ATION COMMISSION		
		i regulations of the Oil Conservation with and that the information given he best of my knowledge and belief.	APPROVEDOriginal Signed by	Emery C. Arnold		

(Signature)

(Title)

(Date)

Drilling Clerk

January 3, 1974

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

078281

County

Same Res'v. Diff. Res'v.

461 cu.ft. 273 cu.ft.

644 cu.ft.

h or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)
Casing Pressure	Choke Size
Water-Bbls.	Gas-ACKTOTIA T
	JAN 1 0 197A
Bbls. Condensate/MMCF	Gravity of Concord: CO
Casing Pressure (Shut-in)	Choke Size
2516	3/4"
	ATION COMMISSION 1974 y Emery C. Arnold
	ISOR DIST. #3
If this is a request for all well, this form must be accomtests taken on the well in accame all sections of this form able on new and recompleted Fill out only Sections 1,	must be filled out completely for allow

'NO. OF COPIES MEC	1	_5	
DISTRIBUTIO			
SANTA FE	1		
FILE	1		
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IRANSPORTER	1		
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OPERATOR	1		
PRORATION OF			

NEW MEXICO OIL CONSERVATION COMMISSION

	SANTAFE	-/- -	. 	REQUEST		LUT	MADLE			clive 1-1-65	2-104 and C-110
	FILE		\rightarrow		AND						
	U.S.G.S.			AUTHORIZATION TO TRA	NSPOR I	OI	L AND N	ATURAL G	A5		
	LAND OFFICE	-,-									
	TRANSPORTER OIL	4									
	GAS	_/									
	OPERATOR		_								
ı.	PRORATION OFFICE								 		····
	Operator										-
	Northwest P	'ipel	ine	Corporation							
	Address										1
	501 Airport	Dri	ve,	Farmington, New Mexico	8740	1					
	Reason(s) for filing (Check pr	roper	box)			Oth	er (Please	explain)			
	New Well			Change in Transporter of:							1
	Recompletion			Oil Dry Gai	. <u>X</u>	l					
	Change in Ownership X			Casinghead Gas Conden	sate X					_	
	If change of ownership give and address of previous own	nam	•El	Paso Natural Gas Compan	y, PO	Box	k 990, I	Farmingto	n, New M	Mexico 8	37401
	and address of previous ow										
15	DESCRIPTION OF WELL	I. AN	m t.	FASE							
	Lease Name			Well No. Pool Name, Including Fo	ormation			Kind of Lease			Lease No.
	San Juan 29-5 Uni	+		68 Basin Dakota				State, Federal	or Fee	<u></u>	F078281
	Location			1 00 1 22221233							
	<u>_</u>	1	180	Feet From The North Line	11	ลก		Feet From T	he East		
	Unit Letter A	: <u>+</u>	100	Feet From The TWI CIT	e and						
	10		T	aship 29N Range 5W			. NMPM.	Rio Arr	iha		County
	Line of Section 18		10W1	isinp ZJN							
		NCD/	ን የአ ጥ	ED OF OUL AND NATURAL GA	c						
11.	Name of Authorized Transpor	ter of	Oil i	er of oil and natural ga	Address	(Giv	e address t	o which approv	ed copy of th	is form is to	be sent)
				Corporation	501	Air	nort Dr	ive. Fari	nington.	New Me	xico 87401
	NOTHIWEST F	ther	Casi	nghead Gas or Dry Gas X	Address	(Giv	e address t	o which approv	ed copy of th	is form is to	be sent)
	Northwest P	inel	line	Corporation							xico 87401
	Northwest	iper		Unit Sec. Twp. P.ge.	<u>; </u>		ly connecte				
	If well produces cil or liquida	5,	1		, , , , , ,		•	i			
	give location of tanks.			A 18 29N 5W	L						
	If this production is commit	ngled	with	that from any other lease or pool,	give com	ming	gling order	number:	·		
IV.	COMPLETION DATA			Oil Well Gas Well	New Well	1 1	Workover	Deepen	Plug Back	Same Rest	. Diff. Restv.
	Designate Type of Co	omple	etior		1	1		1	1	1	;
					Total De	nth			P.B.T.D.		
	Date Spudded			Date Compl. Ready to Prod.	10.41 50						
				No. of Desiration	Top Oil	'Grs	Pav		Tubing Dep	th	
	Elevations (DF, RKB, RT, G	R, etc	ز.:	Name of Producing Formation	100 0		,				
					L				Depth Casi	ng Shoe	
	Perforations										
				TUBING, CASING, AND	CEMEN	TIN	G RECOR	D	<u>. I </u>		
				CASING & TUBING SIZE	CEMEN		DEPTH SE		S.	ACKS CEME	ENT
	HOLE SIZE			CASING & TOBING SIZE	 				1		
					-						
					 						
					 				+		
	L			RALLOWABLE (Test must be a	.l					aval to or ex	read top allow-
V.	TEST DATA AND REQU	UEST	r Fo	OR ALLOWABLE (lest must be a able for this de	ger recovershipsh or be g	for fi	ull 24 hours)			
	OIL WELL Date First New Cil Run To T	Canks	 -1	Date of Test	Producir	ng Me	ethod (Flou	, pump, gas li	(1, etc.)	PEILL	
	Date First New Cil Run 10 1	dill.	ļ	54.6 6. 1051					10	I.TIV	13.
				Tubing Pressure	Casing	Presi	sure		Choke A	CAFI	1
	Length of Test								[- 4 4	074
	Actual Prod. During Test			Oil - Bbls.	Water - B	bls.			Ga - MOF	8 21 6	317
	Actual Prod. During 1881		ĺ						1 1	-ON C	·om.
	<u></u>				ــــــــــــــــــــــــــــــــــــــ				OIL	CON. C	
	0.46 11:07 7									DIST. 3	
	GAS WELL Actual Prod. Test-MCF/D			Length of Test	Bbls. C	onde	nsate/MMC	F	Gravity of	Condum at	
	Actual Prod. 1881-MCF/D			Langui of 1440					}		
		n: 1		Tubing Pressure (Shut-in)	Casing	Pres	swe (Shut	-in)	Choke Size)	
	Testing Method (pitot, back	p,					-				
					1		OII (CONSERVA	TION CO	MMISSION	1
VI.	CERTIFICATE OF COM	APLI	ANC	CE				EB 21 1			•
					APPE			ED AI H)		19
	I hereby certify that the ru	ilea a	ind re	egulations of the Oil Conservation	11				_		
	Commission have been co	ete to	ea w	ith and that the information given best of my knowledge and belief.	BY_		Origina.	Signed	y Emery	C. Arnol	<u> </u>
								SUPERVI	SOR DIST	. #3	
	· // / A	-1	1		1 7	This	form is to	be filed in	compliance	with RULE	1104.
	XX M	H.	CA	fee	1	f thi	is is a req	uest for allow	wable for a s	newly drille	d or deepened the deviation
		(.	Signa	int)	tests	take	en on the	Mell ID SCCO	LOSUCA MITTO	MOLE !!!	•
	OFFICE SUPERVISOR					. 11 =	sections of	this form m	at be filled	out comple	tely for allow-
	ECD / 0 /07/		(Tit	le)	 All sections of this form must be filled out completely for allowable on new and recompleted wells. 						
	FEB 1 9 1974				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.						
			(Da	(e)	well:	name	 or number 	r, or transpor	fet or other	sucu cueng	2 01 201121112111
					comp	Sepa	rate Form d wells.	a C-104 mu	If he illed	tot escut ho	ol in multiply

MR 19 972

STREET CONTRACTOR OF CONTRACTOR STREET

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 8 504-2088

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DISTRICT III

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	HEUL	JEST F	OR AL	TOMM	BLE AND	AUTHORI	ZATION			
L		TOTRA	NSP	ORT OIL	AND NA	TURAL G	<u>us</u>			
Openior DULLI IDC DETROLEIM	COMBANY						Well	UN No.		•-
PHILLIPS PETROLEUM	COPIFANI		/				L			
300 W ARRINGTON, SU	ITE 200	, FAR	1INGT	ON, NM						٠.
Renson(a) for Filing (Check proper box)			_		☐ Oth	es (Please expl	riej			
New Well	Oll	Cymark III	•					•		
Recompletion	Chainghead	_	Dry Ge	_						
Change in Operator	Саприя	- Cua []	COBORE							
f change of operator give name No	rthwest	Pipel	ine	Corp.,	3535 E.	30th, F	armingt	on, NM	87401	
IL DESCRIPTION OF WELL	AND LEA	SE								
Lesse Name SAN JUAN 29-5 Un	it	Wall No.	Pool N	ime, locked	ng Formation			if Lease Federal or Ped		ane No.
SAN BOAN 23 3	1		Ditt	7111 271			134,	Leonau or Leo	<u> </u>	
Location	_ :_ 118	٠.		_ ^	lorth	. 11	60 -		Fact	
Unk LetterA		· <u> </u>	rea ir	ora The	orth Lin	- 10d	<u> </u>	et From The	Base	Line
Section 18 Townshi	29N		Rage	5 W	N	apa, Ri	o Arr	iba		County
	ion on mo									
II. DESIGNATION OF TRAN		OF OF OT				e address so wh	ich annou-4	com of this &	rm is to be see	-1
Gary Energy	IJ		-		P.O.				ld, NM	
Name of Authorized Transporter of Casin	ghead Gas	$\overline{\Box}$	or Dry	Cos (XX)	I	اب ما دده فامه ه				
Northwest Pipeline Co				(44)		× 58900.				
If well produces oil or liquids,	Unit	Sec.	Lak	Rgs		consected?			Claire P	
ive location of tasks.	11			<u></u>	!					
This production is commingled with that V. COMPLETION DATA	HOSE MAY OUR	a serie or l	ioot, grv	e committe	ist orget arms					
		Oi Well	7	No Well	New Well	Workover	Deepes	Plug Back	Same Rec'v	Diff Res'v
Designate Type of Completion		i	辶							<u>i </u>
Dute Sgudded	Date Compl	l. Ready to	hoL		Total Depth			P.D.T.D.		
Devations (DF, RKB, RT, GR, etc.)	Name of Pro	oducine Fo	metica		Top Oil/Oas	'ay		Tubing Dept		
		. •			·	•		1.5	_	
Perforations								Depth Casia	Shoe	
		IDDIO	O + 600			ia proop		<u> </u>		
HOLE SIZE		ING & TU			CEMENIE	VG RECOR	<u> </u>	· •	ACKS CEME	MT
MOLE GLEE	1	-110 0 10	U110 0	<u> </u>		DEF IN SET		-	andrew demic	
TEST DATA AND REQUES	T FOR A	I AW	51 10		L			L		
OL WELL (Test must be after n				il and must	he amed to ar	exceed too Allo	mable for this	denth or be i	for full 24 Nove	4.)
ote First New Oil Rus To Tank	Date of Test		,			thod (Flow, pu			- /	· 3
कहुंचे जी दिवसे	Tubing Press	W155			Casing Pressu	л		"TUP"	GE	AF
Ictual Prod. During Test	Oil - Bhis.				Water - Bbis.			CAN DE		
									APR 01 1	
GAS WELL	···							<u> </u>	CON	DIV
Ictual Froil Test - MCF/D	Longth of To	out.			Bola Conden	sale/MMCF		Crivity St C	De des line	. Mi∧*
	<u> </u>						:		-DIST.	3
esting Method (pitot, back pr.)	Tubing Free	ante (Spit-	5)		Coaing Proces	no (Spot-pa)		Choke Size		
	L				\			l		
L OPERATOR CERTIFICA				CE	(OIL CON	SERV	ATION	DIVISIO	N
I hereby certify that the rules and regula Division have been complied with and t	wons or the C but the inform	rs Conserv nation give	atio s a above		11	, JUI	·~=! 1 77			•
is true and complete to the best of my k	nowledge and	belief.			Data	Approve	A .	APR 0 1	1991	
L& Koluna	·				ווי טמיי	ANY CONTRACT	¥		Λ -	
					- By But Chank					
	. Drlg.	. & Pr	od.	Engr.	-, -		SUPE	AVIEND !	NOTE: OF	4.0
Pristed PAPPR 0 1 1991 (5	(05) 501		Title		Title		SUFE	MOGINE	DISTRICT	6 3
Date (5	505) 599		hone N	<u>. </u>						
-		7								

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- with Rule 231.

 2) All sections of this form must be filled out for allowable on new and recompleted wells.

 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

 4) Separate 1 orm C-104 must be filed for each pool in multiply completed wells.