## NEW MEXICO OIL, CONSURVATION COMMISSION Form C-104 SAUTA FE Supersedes Old C-104 and C-120 Effective 1-1-65 REQUEST FOR ALLOWABLE AHD U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRAN PORTER GAS OPERATOR API 30-039-21613 PROPATION OFFICE El Paso Natural Gas Company P.O. Box 289, Farmington, New Mexico Reason(s) for filing (Check proper box) 87401 Other (Please explain) Recompletion OIL Dry Gas Change in Ownership Condensate If change of ownership give name and address of previous owner. 1. DESCRIPTION OF WELL AND LEASE Well No.: Pool Name, Including Formation Kind of Lease State, Federal or Fee B-10037-55 San Juan 29-7 Unit 47A Blanco MV Location Feet From The South Line and 1160 1680 Feet From The East 29N 7W , NMPM. Rio Arriba Township Range Line of Section County DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate [X] P.O. Box 990, Farmington, New Mexico 87401 Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company cme of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Company P.O. Box 990, Farmington, New Mexico Twp. fige. Sec. Is gas actually connected? If well produces oil or liquids, give location of tanks. 29N If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Deepen Otl Well Gas Well New Well Workovet Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 10-28-78 1-29-79 6047 60351 Elevations (DF, RKB, RT, GR, etc., Top <del>Cil</del>/Gas Pay Tubing Depth Name of Producing Formation 6528' GL Mesa Verde 5176**'** 5964<u>'</u> Depth Casing Shoe Perforations 5176,5180,5184,5195,5220,5230,5235,5240,5244,5253,5257,5297, 5303,5378,5383,5429,5433,5547,5584,5589,5594,5599,5613,5621,5631,5641 5650,5658,5665,5671,5681,5737,5770,5779,5815,5833,5839,5855,5887,5913 60471 5948,6001' HOLE SIZE CASING & TUBING SIZE DEPTHISET SACKS CEMENT 13 3/4'' 8 3/4'' 9 5/8" 224 cf 224' 3750**'** 288 cf 6 1/4" 4 1/2" liner 3560-60471 424 cf 2 3/8" 59641 tubing (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) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Length of Test Tubing Pressure Casing Pressure Choke Size Water - Bble. Gos - MCF Oil-Bbls. Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Bbls. Condensate/MMCF MAR 19,0 Length of Test G:avity of Casing Pressure (Ehut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) 404 OIL CONSERVATION COMMISSION CERTIFICATE OF COMPLIANCE MAR 1 2 1979 APPROVED. I hereby certify that the rules and regulations of the Oil Conservation

Original Signed by A. R. Kendrick

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deopened well, this form must be accompanied by a tribulation of the deviation tests taken on the well in accordance with KULE 111.

All sections of this form must be filled out completely for allowable on new and accompleted wells.

Fill out only Sactions 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

SUPERVISOR DIST.

TITLE .

Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.

Ma co

(Signature)

(Title)

(Date)

Drilling Clerk

3-1-79