

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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

PO Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

New Well
 Recompletion
 Change in Ownership

Change in Transporter of:

Oil Dry Gas
 Casinghead Gas Condensate

Other (Please explain)

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

OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-7 Unit	Well No. 31E	Pool Name, Including Formation Basin Dakota	Kind of Lease (State, Federal or Fee)	Lease No. B- 10037-46
Location Unit Letter A	800	Feet From The North Line and	910	Feet From The East
Line of Section 32	Township 29N	Range 7W	NMPM,	Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil El Paso Natural Gas Company	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM 87499				
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas Company	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM 87499				
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 32	Twp. 29N	Rge. 7W	Is gas actually connected? no	When

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)

March 19, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 9 1985 BY Original Signed by FRANK T. CHAVEZ

TITLE Supervisor District # 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 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 multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-12-85	Date Compl. Ready to Prod. 3-7-85	X	X					
Elevations (DF, RKB, RT, GR, etc.) 6563' GL	Name of Producing Formation Dakota		Top Oil/Gas Pay XX	7554'			Tubing Depth 7739'	
Perforations 7554', 7558', 7562', 7565', 7571', 7574', 7578', 7581', 7584', 7587', 7590', 7593', 7596', 7654', 7683', 7686', 7690', 7723', 7753', 7759' w/1 SPZ							Depth Casing Shoe 7772'	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
12 1/4"	9 5/8"	317'			200 cu. ft.			
8 3/4"	7"	3630'			398 cu. ft.			
6 1/4"	4 1/2"	7762'			638 cu. ft.			
	1 1/2"	7739'						

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

GAS WELL

Actual Prod. Test - MCF/D 3580	Length of Test 3 hrs.	Bbls. Condensate/MMCF -0-	Gravity of Condensate -----
Testing Method (pump, back pr.) Calc. AOF	Tubing Pressure (Shut-in) 2404	Casing Pressure (Shut-in) 2409	Choke Size 3/4"