or or correct.		گ	1	I
DISTRIBUTIO				
ANTA FE		1		
FILE		17		
J.S.G.S.				ł
LAND OFFICE				
TRANSPORTER	OIL	1		
	GAS	17		
OPERATOR		17		
PROBATION OFFICE				

SANTA FE /	REQUEST	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS API 30-039-21629			
I PRORATION OFFICE					
Operator El Paso Natural Gas Address	Company				
	gton, New Mexico 87401				
Reason(s) for filing (Check proper New We!!	Change in Transporter of:	Other (Please explain)			
Recompletion	Oil Dry 3	Gas 🔲			
Change in Ownership If change of ownership give nam		ensate			
and address of previous owner _					
II. DESCRIPTION OF WELL AN	Well No. Pool Name, Including	Formation Kind of Le	case Lease No.		
San Juan 29-7 Unit	76A Blanco M.V.	State, Fed	eral or Fee SF 078945		
Unit Letter F;	1786 Feet From The North	ine and 850 Feet Fro	m The West		
Line of Section 18	Township 29-N Range	7-W , NMPM, Ri	o Arriba County		
III. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL G	AS			
Name of Authorized Transporter of El Paso Natural Gas			proved copy of this form is to be sent)		
Name of Authorized Transporter of	Casinghead Gas cr Dry Gas X	P.O. Box 289, Farmington, New Mexico 87401 Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas	Company Unit Sec. Twp. Ege.	P.O. Box 289, Farmington, New Mexico 87401 Is gas actually connected? When			
If well produces oil or liquids, give location of tanks.	F 18 29-N 7-W				
If this production is commingled IV. COMPLETION DATA	with that from any other lease or pool,				
Designate Type of Comple	etion — (X) Gas Well X	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
Date Spudded	Date Compl. Ready to Prod. $5-2-79$	Total Depth	P.B.T.D.		
10-23-78 Elevations (DF, RKB, RT, GR, etc		6193' Top Sti /Gas Pay	6178 Tubing Depth		
6836' GL	Mesa Verde	5087'	6145'		
5087,5202,521 5450 5490 5527 5554	3,5223,5238,5286,5304,531 5560,5566,5605,5632,5746,	2,5320,5328,5336,5354, 5752 5758 5765 5771 577	Depth Casing Shoe		
5783,5792,5800,5808,	<u>5833,5842,5854,5862,5882,</u>	<u>5898,5924,5940,5962,600</u>	0,6007,6026,6042,6058,*		
13 3/4"	CASING & TUBING SIZE 9 5/8"	DEPTH SET 221'	SACKS CEMENT		
8 3/4"	711	3990'	468 cf 323 cf		
6 1/4''	4 1/2" liner	3805-6193'	425 cf		
	2 3/8"	6145'	tubing		
V. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be able for this d	after recovery of total volume of load o epth or be for full 24 hours)	il and must be equal to or exceed top allow		
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-Bbis.	Water - Bbis.	Gap-MCF		
*6088,6096,6138,6159 GAS WELL)1		1 2000		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity & Condensatio		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Charles DIST 3		
	395	795	" de la companya de l		
VI. CERTIFICATE OF COMPLIA	INCE	OIL CONSERV	ATION COMMISSION		
Commission have been complied	nd regulations of the Oil Conservation d with and that the information given the best of my knowledge and belief.	APPROVED Original Sign	ed by A. R. Kendrick		
	,	TITLE SUPER			
			This form is to be filed in compliance with RULE 1104.		
Many DA	"adfield	If this is a request for all	If this is a request for allowable for a newly drilled or deepened		
(S	Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	ing Clerk (Title)	All sections of this form	nust be filled out completely for allow-		
	12. 1979	sble on new and recompleted Fitl out only Sections I.	wells. II, III, and VI for changes of owner,		
	(Date)		orter, or other such change of condition.		

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.

Secrete Forms C-104 must be filed for each cool in multiply