	DISTRIBUTION SANTA FE	NEW MEXICO OIL	CONSERVATION COM	MISSION	Form C-104	
	J.S.G.S. LAND OFFICE	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
1.	TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator				API 30-045-23374	
	El Paso Natural Gas Co Address Box 289, Farmington, N					
	Reason(s) for filing (Check proper books Well X Recompletion Change in Ownership	Change in Transporter of: Oil Dry C	Other (Pleas) Gas Gas ensate	e explain)		
	If change of ownership give name and address of previous owner					
II.	EESCRIPTION OF WELL AND	Well No. Pool Name, Including	Formation	Kind of Lease		
	Bolin A	1A Blanco Mesa		State, Federal or Fe	Lease No. SF078049A	
	Unit Letter F : 1740 Feet From The North Line and 1700 Feet From The West Line of Section 34 Township 29 N Bange 8 W NARM Com Taxon					
III. j	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	8 W , nmpm AS	San Juan	County	
	Name of Authorized Transporter of Oil or Condensate X El Paso Natural Gas Company Name of Authorized Transporter of Casinghead Gas or Dry Gas X		Address (Give address to which approved copy of this form is to be sent) Box 289, Farmington, New Mexico 87401 Address (Give address to which approved copy of this form is to be sent)			
	El Paso Natural Gas Co		Box 289, Farm		•	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege. F 34 29N 8W	Sec. Twp. Rge. Is gas actually connected? When			
IV.	f this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA					
	Designate Type of Completion	on - (X) Oil Well Gas Well X	New Well Workover	Deepen Plug	Back Same Resty. Diff. Resty	
[Late Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.	T.D.	
}	4-12-79 Elevations (DF, RKB, RT, GR, etc.)	6-19-79 Name of Producing Formation	5735 Top Gas Pay	Tubi	5717'	
	6500' G1	Mesa Verde	45911		ng Depth 56531 h Casing Shoe	
-	efforations 4591, 4670, 4672, 4693, 4698, 4703, 4716, 4722, 4728, 4736, 4741, 4751, 4756, 4768, 4774, 4780, 4786, 4792, 4798, 4949, 4956, 5045, 5112, 5127, 5218, 5226, w/1 SP7, 5262, 5278, 5283, 5288, 5293, 5298, 5314, 5323, 5330, 5342, 5363, 5369, 5735, 5375, 5386, 5406, 5419, 5442, 5518, 5546, 5560, 5603, 5610, 5629, 5650, w/1 SPZ.					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CEMENT	
-	13 3/4"	9 5/8"	219'		224 cu. ft.	
-	8 3/4"	4 1/2" liner	3458' 3300 - 5735'		317 cu. ft. 424 cu. ft.	
		2 3/8"	56531		tubing	
	EST 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.) (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable.)					
Ī	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow,	pump, gas lift, etc.)		
	Length of Teet	Tubing Pressure	Casing Pressure	Chok	Size	
	Astual Prod. During Test	Oil-Bbls.	Water - Bbls.	0	Markey	
	GAS WELL		•	1	50 1 C	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gra	ty of Condinactio.	
L	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 491	Casing Pressure (Shut-		Size	
a. C	CERTIFICATE OF COMPLIANC	180		ONSERVATION	COMMISSION	

VI.

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.

1. G. 2	Buses	
	(Signature)	······································
Drilling Clerk		
	(Title)	
6-12-70		

(Date)

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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.

Senerate Forms C-104 must be filed for each nool in multiply