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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator <b>El Paso Natural Gas Company</b>	
Address <b>Box 990, Farmington, New Mexico</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: <b>See</b>
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>San Juan 30-6 Unit</b>	Well No. <b>97</b>	Pool Name, Including Formation <b>Blanco Mesa Verde</b>	Kind of Lease State, <del>Federal</del> or Fee
Location Unit Letter <b>G</b> ; <b>1485</b> Feet From The <b>North</b> Line and <b>1695</b> Feet From The <b>East</b> Line of Section <b>327</b> , Township <b>30-N</b> Range <b>7-W</b> , NMPM, <b>Rio Arriba</b> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 990, Farmington, New Mexico</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 990, Farmington, New Mexico</b>
If well produces oil or liquids, give location of tanks.	Unit <b>G</b> Sec. <b>3</b> Twp. <b>30-N</b> Rge. <b>7-W</b> Is gas actually connected? <b>No</b> When

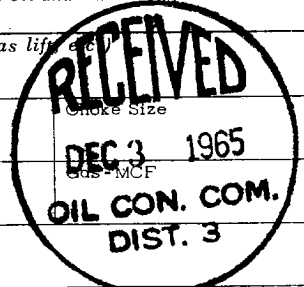
If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well <input checked="" type="checkbox"/>	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'tv. <input checked="" type="checkbox"/>	Diff. Res'tv.
Date Spudded <b>W/O 10-20-65</b>	Date Compl. Ready to Prod. <b>W/O 10-28-65</b>	Total Depth <b>5965</b>	P.B.T.D. <b>5953</b>					
Pool <b>Blanco Mesa Verde</b>	Name of Producing Formation <b>Mesa Verde</b>	Top Oil/Gas Pay <b>5438</b>	Tubing Depth <b>5939</b>					
Perforations			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>13 3/4"</b>	<b>9 5/8"</b>	<b>160'</b>	<b>125 sks.</b>					
<b>8 3/8"</b>	<b>7"</b>	<b>5345</b>	<b>500</b>					
<b>6 1/4"</b>	<b>4 1/2"</b>	<b>5953</b>	<b>175</b>					
	<b>2 3/8"</b>	<b>5939</b>	<b>tubing</b>					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.



GAS WELL

Actual Prod. Test-MCF/D <b>5853 MCF/D</b>	Length of Test <b>3 hours</b>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <b>Calculated A.O.F.</b>	Tubing Pressure <b>744</b>	Casing Pressure <b>776</b>	Choke Size <b>3/4"</b>

VI. CERTIFICATE OF COMPLIANCE

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.

ORIGINAL SIGNED F. S. OBERLY

(Signature)

Petroleum Engineer

(Title)

November 30, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 3 1965

BY Original Signed Emery C. Arnold

TITLE Supervisor Dist. # 2

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 Sections I, II, III, and VI only 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 completed wells.

### WORKOVER

- 10-20-65 Rigged up Stone Drilling Co. Rig #2.
- 10-21-65 Pulled tubing, set bridge plug at 5310', tested 7" casing, located holes in 7" casing between 1889' and 1900', tested casing below 1900' w/2000#. O.K. Perf squeeze holes at 2800', set retainer at 2683', circulated through perfs, squeezed w/150 sks. reg. cement, 2% calcium chloride, put 120 sacks behind casing. Set packer above holes (1889-1900'), squeezed holes in 7" casing w/150 sacks reg. cement, 2% calcium chloride, pressured to 2000#.
- 10-22-65 Preparing to drill cement.
- 10-23-65 Drilling out cement & bridge plug. Cleaning out open hole.
- 10-24-65 Cleaned out to T. D., ran 182 joints 4 1/2", 10.5#, J-55 casing (5941.61') set at 5952.61' w/175 sacks Class "A" cement, 2% gel, w/1/4 cu. ft. Coalite/sk.
- 10-25-65 Cleaned out to 5944', tested casing w/4000# O.K. Perforated Point Lookout 5924-32', 5902-10' w/2 SFF; 5886-90 w/4 SFF; 5820-28' w/2 SFF fraced w/60,000# 20/40 sand & 59,910 gal water, 2# FR-8/1000 gal. BDP 1000#, tr pr 2200-2925-3600#. Dropped 3 sets of 16 balls each. Flush w/4400 gallons. IR 41 BPM. IBIP vacuum. Set Magnesium Bridge Plug at 5530'. Perf C.H. 5470-78' w/2 SFF, 5456-50' w/4 SFF, 5438-46' 2 SFF, frac 30,000# 40/60 sand & 41,000 gallons water, 2# FR-8/1000 gal. BDP 1400#, tr pr 2400-3120-3700#. Dropped 2 sets of 16 balls each. Flush w/3640 gal. IR 39.3 BPM. IBIP 800#, 5 min 100#.
- 10-26-65 Blowing well
- 10-28-65 Ran 193 joints 2 3/8", 4.6# J-55 tubing, 5929.34' set at 5939.34'. Title S.N. @ 5923'
- 11-8-65 Date well was tested.