J. 3. co., c.		1	5
DISTRIBUTION			
SANTA FE		1	
FILE		T	V
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		1	

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104 10

	FILE	REQUEST	FOR ALLOWABLE Supersedes Old C-104 and Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURAL (
	LAND OFFICE	- ASTRONIZATION TO THE	AND ON OIL AND HATORAL	343		
	TRANSPORTER OIL /					
	OPERATOR /					
1.	PRORATION OFFICE	_	•			
••	Operator					
	El Paso Natural Gas	Company				
	P. O. Box 990, Farmi	ngton, NM 87401				
	Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of:				
	Recompletion	Oil Dry Go	F 1			
	Change in Ownership	Casinghead Gas Conde	ensate			
	If change of ownership give name					
	and address of previous owner					
II.	DESCRIPTION OF WELL AND	Vell No., Poor Name, Including F	Cormation Kind of Lease			
	San Juan 30-6 Unit			In Sec		
	Location	таз (отто) втанес	Mesa Verde State Federa	NM012694		
	Unit Letter A : 70	O Feet From The N Lir	ne and 950 Feet From 7	гьеЕ		
	1					
	Line of Section 15 T	ownship 30N Range	7W , NMPM, Rio A)	riba County		
MI.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	AS			
	Name of Authorized Transporter of C	cil or Condensate _X	Address (Give address to which approx	ed copy of this form is to be sent)		
	El Paso Natural Gas	Company	P. O. Box 990, Farming	gton, NM 87401		
	ĺ	asinghead Gas or Dry Gas X	P. O. Box 990, Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent)			
	El Paso Natural Gas C	Unit Sec. Twp. Pige.	P. O. Box 990, Farming Is gas actually connected? Whe	ton, M 87401		
	If well produces oil or liquids, give location of tanks.	A 15 30N 7W				
	If this production is commingled v	with that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Complet		v	v		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	W/O 11-20-75	W/O 12-09-75 Name of Producing Formation	5685!	5668'		
	Elevations (DF, RKB, RT, GR, etc.)	i	Top XII/Gas Pay	Tubing Depth 5627!		
	Perforations 4985', 5004'	MV , 5054', 5080', 5184', 51	98' 5291' 5308' 5366'	Depth Casing Shoe		
	5383', 5390', 5404',	5440', 5450', 5460', 547	4', 5534', 5560', 5583',	5685'		
	· 5606', 5637'	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	9 5/8"	DEPTH SET	SACKS CEMENT		
	8 3/4"	7''	172' 4855'	125 sks 300 sks		
	6 1/4"	4 1/2"	5685'	217 cu. ft.		
		2 3/8"	5627'	Thg		
V.		FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oil cepth or be for full 24 hours)	and must be equal to or exceed top allow-		
i	OII. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF		
	Actual Float Dailing 1991					
•		JAN 7 37	6			
	GAS WELL	OH TO	,			
	Actual Prod. Test-MCF/D 2779	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Pitot	732	697			
TI.	CERTIFICATE OF COMPLIA	NCE	OIL CONSERVATION COMMISSION			
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.		JAN 7	JAN - 107c			
		APPROVED, 19				
		BY Original Signed by A. P. Kondrick				
		TITLE SUPERVISOR DIST. 40				
		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				
•						
	· -	nature)	well, this form must be accompanied tests taken on the well in accompanies.	ience with RULE 111.		
	Drilling Clerk	ntiture)	tests taken on the well in accord	ience with RULE 111. It be filled out completely for allow-		

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 pool in multiply