

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR		
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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

JAN 08 1988

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
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 30-6 Unit	Well No. 409	Pool Name, including Formation Undes. Fruitland	Kind of Lease State, Federal or Fee	Lease No. SF 079382
Location Unit Letter <u>L</u> ; <u>2265</u> Feet From The <u>South</u> Line and <u>715</u> Feet From The <u>West</u> Line of Section <u>25</u> Township <u>30N</u> Range <u>7W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

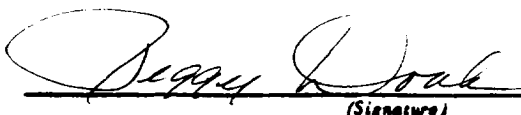
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc.	PO Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	PO Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
Unit <u>L</u> Sec. <u>25</u> Twp. <u>30N</u> Rge. <u>7W</u>	

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.



Drilling Clerk

(Signature)

December 31, 1987

(Title)

(Date)

OIL CONSERVATION DIVISION

JAN 08 1988

APPROVED _____
BY _____
TITLE _____
SUPERVISOR DISTRICT 3

Original Signed by FRANK T. CHAVEZ

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 multiply 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.
			X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
12-06-87	12-20-87		3166'			3155'			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
6265' GL	Fruitland		3015'			3131'			
Perforations						Depth Casing Shoe			
3015-31', 3044-3114', 3120-30', 3135-80 (predrilled pipe						3155'			
TUBING, CASING, AND CEMENTING RECORD w/12 holes per foot)									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		9 5/8"		220'		148 cu. ft.			
8 3/4"		7"		3014'		793 cu. ft.			
6 1/4"		5 1/2"		3155'		did not cmt.			
		2 7/8"		3131'					

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
backpressure	332	1509	