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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-1
Effective 1-1-65

I. Operator
EL PASO NATURAL GAS COMPANY

Address
Box 990, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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 San Juan 32-9 Unit	Well No., Pool Name, Including Formation 20A(MV) Blanco M.V.	Kind of Lease State, Federal or Fee	Lease No. SF 078438
Location Unit Letter I : 1550 Feet From The South Line and 1155 Feet From The East Line of Section 18 Township 31 N Range 9 W , NMPM, San Juan 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"/> EL PASO NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico		
If well produces oil or liquids, give location of tanks.	Unit I Sec. 18 Twp. 31N Rge. 9W	Is gas actually connected?	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	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X	X					
Date Spudded 5-29-78	Date Compl. Ready to Prod. 8-10-78	Total Depth 6122'	P.B.T.D. 6105'					
Elevations (DF, RAB, RT, GR, etc.) 6542' GL	Name of Producing Formation MV	Top Gas/Gas Pay 4919'	Tubing Depth 5974'					
Perforations 4919, 5163, 5182, 5209, 5227, 5237, 5255, 5265, 5287, 5351, 5360, 5392, 5421, 5451, 5463, 5481, 5491, 5523, 5541' w/1 SPZ. 5581, 5586, 5592, 5604, 5609, 5635, 5655, 5659, 5663, 5667, 5675, 5680, 5685, 5699, 5719, 5723, 5727, 5750, 5797, 5837, 5911, 5963' w/1 SPZ.			Depth Casing Shoe 6122'					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	220'	224 cf					
8 3/4"	7"	3729'	458 cf					
6 1/4"	4 1/2" liner	3576-6122'	438 cf					
	2 3/8"	5974'	Tubing					

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	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
	450	734	

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.

[Signature]
(Signature)
Drilling Clerk
8-15-78
(Title)
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____
BY _____
TITLE _____

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.