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DISTRIBUTION ANTA FE J.S.G.S. LAND OFFICE	AUTHO	REQUEST	CONSERVATION COMM FOR ALLOWABLE AND ANSPORT OIL AND		Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
IRANSPORTER OIL / GAS / OPERATOR / PRORATION OFFICE Operator E1 Paso Natural Gas	Company					
Address P. O. Box 990, Farmin		Mexico 87401				
Reason(s) for filing (Check proper b New Well Recompletion Change in Ownership	ox)	Transporter of:	as Other (Pleas	e explain)		
If change of ownership give name and address of previous owner						
I. DESCRIPTION OF WELL AN	D LEASE.	Pool Name, Including F	Formation	Kind of Lease	Lease No.	
San Juan 28-7 Unit	205	Largo Chacra	•	State (Federal) or		
Unit Letter 0	950 Feet From	n The S Li	ne and 1750	Feet From The	Е	
Line of Section 18 7	Cownship 27	-N Range	7-W , NMPN	, Rio Arr	iba County	
Name of Authorized Transporter of C El Paso Natural Gas Name of Authorized Transporter of C El Paso Natural Gas	or Dry Gas X	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, NM 87401				
If well produces oil or liquids, give location of tanks.	Unit Sec.	8 27-N 7-W	Is gas actually connect	i		
If this production is commingled to COMPLETION DATA		y other lease or pool,	give commingling orde		lug Back Same Resty, Diff. Resty,	
Designate Type of Complete		X	X Total Depth	1 1	B.T.D.	
Date Spudded 07-01-76	09-09-7	•	4000'		3964'	
Elevations (DF, RKB, RT, GR, etc., 6586 GL	Name of Produ	cing Formation	Top XII/Gas Pay 3900		Tubing Depth Tubingless	
Perforations 3900',3903',3924',3927',3930',3932'				C	epth Casing Shoe 4000 †	
HOLE SIZE	T		D CEMENTING RECOR		SACKS CEMENT	
12 1/4"	8 5/8''	a robino sizz	140'		106 cf.	
6 3/4''	2 7/8'' Tubingl		4000'		560 cf.	
V TEST DATA AND DEQUEST			after recovery of total volu	me of load oil and	must be equal to or exceed top allow-	
OIL WELL Date First New Oil Run To Tanks	Date of Test	able for this d	epth or be for full 24 hour. Producing Method Flor	b, pump, gas lift, e		
Length of Test	Tubing Pressu	10	Casing Pressure SEP 2 119		hoke Size	
Actual Prod. During Test	Oil-Bbls.		Water - Bbls. OIL CON. DIST. 3		ae - MCF	
CAC MIEST I	_,					
Actual Prod. Test-MCF/D	Length of Test		Bbls, Condensate/MMCF		iravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressur	re (Shut-in)	Casing Pressure (Shut-in) 1004		Choke Size	
. CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION			
I hereby certify that the rules and regulations of the Oil Conservation			APPROVED SEP 24 1976 , 19			
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			By Original Signed by A. R. Kendrick			

000 (Signature)

(Title)

(Date)

Drilling Clerk

September 21, 1976

Old C-104 and C-110

APPROVED	SEP 2	4	97E	<u>:</u>	, 19
By Original	Signed	рy	Α.	R.	Kendrick

TITLE _SUPERVISOR DIST. #3

This form is to be filed in compliance with RULE 1104.

If this is a request for silowable 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 NULE 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.