

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

RECEIVED
DEC 04 1985
OIL CONSERVATION DIVISION
SANTA FE

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

RECEIVED
NOV 26 1985
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
El Paso Natural Gas Company

Address
P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

☒ New Well	Change in Transporter of:	☒ Dry Gas
☐ Recompletion	☐ Oil	☐ Condensate
☐ Change in Ownership	☐ Casinghead Gas	

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 27-4 Unit	Well No. 50E	Pool Name, including Formation Basin Dakota	Kind of Lease State (Federal or Fee)	Lease SF 080672
Location				
Unit Letter C ; 940 Feet From The North Line and 1840 Feet From The West				
Line of Section 19 Township 27N Range 4W NMPM. Rio Arriba Co				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation	P. O. Box 90, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? when
	C 19 27N 4W No

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

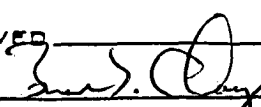
NOTE: Complete Parts IV and V on reverse side if necessary.

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.


(Signature)
Drilling Clerk
(Title)
8-26-85
(Date)

OIL CONSERVATION DIVISION

APPROVED  NOV 26 1985
BY
TITLE SUPERVISOR DISTRICT 23

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

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

IV. COMPLETION DATA

Designate Type of Completion -- (X)	Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Res'v.	Ditch
		X	X					
Date Spudded 6-30-85	Date Compl. Ready to Prod. 8-20-85		Total Depth 8087'			P.B.T.D. 8071'		
Elevations (DF, RKB, RT, CR, etc.) 6812' GL	Name of Producing Formation Basin Dakota		Top Oil/Gas Pay 7864'			Tubing Depth 8036'		
Perforations 7864, 7867, 7870, 7873, 7876, 7879, 7882, 7885, 7888, 7891, 7893, 7895, 7897, 7899, 7901, 7990, 7993, 7996, 7999, 8001, 8003, 8042, 8046, 8068, 8073, w/1 SPZ						Depth Casing Shoe 8087'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12 1/4"	9 5/8"		222'			201 cu ft		
8 3/4"	7"		3963'			245 cu ft		
7 7/8"	4 1/2"		8087'			634 cu ft		
	2 7/8" 1 1/2"		8036'					

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 able 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-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1561	Length of Test 3 Hrs.	Bble. Condensate/MCF 306 MCF	Gravity of Condensate 0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 2245	Casing Pressure (Shut-in) 2258	Choke Size 3/4"