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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

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-110
Effective 1-1-65

I. Operator **El Paso Natural Gas Company**
Address **Box 990, Farmington, New Mexico**
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead 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 27-5 Unit	Well No. 97	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee X
Location Unit Letter M ; 1000 Feet From The South Line and 1000 Feet From The West Line of Section 31 , Township 27N Range 5W , NMPM, Rio Arriba County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ 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 ☐ or Dry Gas ☒ 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 M	Sec. 31	Twp. 27N	Rge. 5W	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'v.	Diff. Res'v.
Date Spud 7-9-65	Date Compl. Ready to Prod. 7-31-65		Total Depth 7629		P.B.T.D. C.O. 7581			
Pool Basin Dakota	Name of Producing Formation Dakota		Top Gas Pay 7316		Tubing Depth 7543			
Perforations					Depth Casing Shoe 7629			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 15" 7 7/8"	CASING & TUBING SIZE 9 5/8" 4 1/2" 2 3/8"		DEPTH SET 308' 7629' 7543'		SACKS CEMENT 300 Sks. 400 Sks. 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 2753 MCF/D	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Calculated A.O.F.	Tubing Pressure 1117	Casing Pressure 2503	Choke Size 3/4"

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.

ORIGINAL SIGNED E. S. OBERLY

(Signature)
Petroleum Engineer

(Title)
August 26, 1965

(Date)

OIL CONSERVATION COMMISSION

SEP - 3 1965

APPROVED _____ 19____
BY **Original Signed Emery C. Arnold**

TITLE **Supervisor Dist. # 8**

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 Sections I, II, III, and VI only 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.