SANTA FE

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Porm C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

U.S.G.S.	AUTHO	ORIZATION TO TRA	ANSPORT OIL AND	NATURAL (GAS		
LAND OFFICE	-						`
TRANSPORTER GAS]						
OPERATOR PROPATION OFFICE	-						
Operator			· · · · · · · · · · · · · · · · · · ·				
El Paso Notural Gas	Company						
Box 990, Formington	. New Mex	ico 87401					
Reason(s) for filing (Check proper box)	100 01101	Other (Pleas	e explain)			
New We!l Recompletion	Change ii	n Transporter of: Dry Ga	s IXI		•		
Change in Ownership	Casinghe						
If change of ownership give name and address of previous owner							
DESCRIPTION OF WELL AND	LEASE						
Lease Name Well No. Pool Name, Including F			20000				
San Juan 27-4 Unit	27	Blanco Mes	a verde	State, Fègera	cr Fee	sr_080	1675
Unit Letter N ; 109		m The <u>South</u> Lin	• and 1990	Feet From 1	rho <u>West</u>	· · · · · · · · · · · · · · · · · · ·	
Line of Section 33 Tov	mahip 27N	Range	47 , NMPN	1.	Rio	Arriba c	ounty
DESIGNATION OF TRANSPORT	TER OF OIL	AND NATURAL GA	.s				
Name of Authorized Transporter of CII or Condensate			Address (Give address				ij
El Paso Natural Gas Company Name of Authorized Transporter of Casinghead Gas or Dry Gas X			Box 990, Farmington, New Mexico 87401 Address (Give address to which approved copy of this form is to be sent)				
Northwest Pipeline Corporation			501 Airport Drive, Farmington, New Mexico 87403				
If well produces oil or liquids, Unit Sec. Twp. Rge. give location of tanks. N 33 27N AW			Is gas actually connected? When				
If this production is commingled wit	h that from an	y other lease or pool,	give commingling orde	r number:		,	
COMPLETION DATA	10	ii Well Gas Well	New Well Workover	Deepen	Plug Back San	ne Resty. Diff.	Res'v.
Designate Type of Completio				1	1 1	!	
Date Spudded	Date Compl. R	leady to Prod.	Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth		
Perforations					Depth Casing Shoe		
	T		CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
							
TEST DATA AND REQUEST FO	DR ALLOWA	RIE (Test must be al	ter recovery of total volu	me of load oil o	nd must be soual	to or exceed to	n allows
OIL WELL		able for this de	pth or be for full 24 hours	1)		En a	
Date First New Cil Run To Tanks	Date of Test		Producing Method (Flou), pump, gas (()	, etc.)		
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
Actual Prod. During Test Oil-Bbls.		Water-Sbis.		Gas-MCF. /c 11 2			
	<u></u>		<u> </u>		CIST.	COM	
GAS WELL Actual Prod. Test-MCF/D	Length of Tee	,	Bbls. Condensate/MMC		Gravity of Conde		
			:				
Testing Method (pitot, back pr.)	Tubing Pressu	re(Shut-in)	Casing Pressure (Shut	-in)	Choke Size		
CERTIFICATE OF COMPLIANC	Œ	•	OIL (TION COMMIS	SSION	
hereby certify that the rules and r	amiletions of t	the Oil Conservation	APPROVED	FEB 7	1974	, 19	
Commission have been complied washove is true and complete to the	ith and that I	the information given	BY Original	Signed by	A. R. Kend	rick	
innac is tine and combicte to the	Dear or my k		PEN		HIMMR DIST.		
			11100				
Same Commence	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened						
DRILLING CLERK (Signature)			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
(Tib	10)			this form mus	t be filled out c		allow-
JAN 1 1974	···		Fill out only	Sections L. II.	III. and VI for	changes of	owner,
(Da	(e)		well name or numbe	r, or transporte	er, or other auch the see	change of con-	idition.

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