PRORATION OF	ICE		
OPERATOR .	1		
TRANSI ORTER	GAS	1	
TRANSPORTER	OIL	1/	
LAND OFFICE			
U.S.G.S.			
FILE			
SANTA FE			
DISTRIBUTION			
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	DISTRIBUTION SANTA FE FILE	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				
	U.S.G.S. LAND OFFICE IRANSPORTER OIL / GAS /	AUTHORIZATION I	OTRA	NSPORT	OIL AND NA	TURAL G	AS		
	OPERATOR	-	, .	•		•			
1.	Operator El Paso Natural Gas	Cermany		· <u></u>	•				
	Address				•				
	Box 990, Farmington,								
	Reason(s) for filing (Check proper box) Change in Transporter of:	•		Other (Please e	•			
	Recompletion Change in Ownership	Oil Casinghead Gas	Dry Gas Conden	-	Packer Re	pair (Se	se back)		
	If change of ownership give name and address of previous owner								
II.	DESCRIPTION OF WELL AND Lease Name San Juan 27-5 Unit	LEASE 8(PC)	Pool Nan	ne, Includir Blanco	ng Formation Pictured	Cliffs	Kind of Lease		
	Location		•		1000		••		
	Unit Letter; 165	O Feet From The Sout	Line	e and	1090	Feet From T			
	Line o: Section , Tov	27N waship Ro	inge 5W		, NMPM,	Rio A	County		
	DESIGNATION OF TRANSPOR	TED OF OH AND NATHE	DAT GA	c					
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate El Paso Hatural Gas Company			Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico Address (Give address to which approved copy of this form is to be sent)					
	Name of Authorized Transporter of Car El Paso Natural Gas	singhead Gas Or Dry Gas	*				sed copy of this form is to be sent)		
	If well projuces oil or liquids, give location of tanks.	Unit Sec. Twp.	Rge.	Is gas ac	tually connected	? Whe	n		
	If this production is commingled wi COMPLETION DATA	th that from any other lease	or pool,	give comm	ningling order r	umber:			
	Designate Type of Completic		s Well	New Well	Workover	Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Date Spudied	Date Compl. Ready to Prod.		Total Der	oth .		P.B.T.D.		
	Pool	Name of Producing Formation		Top Oil/C	Gas Pay		Tubing Depth		
	Perforations			1			Depth Casing Shoe		
		TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING S			DEPTH SET		SACKS CEMENT		
V	TEST DATA AND REQUEST F	OR ALLOWABLE (Test)	nust be a	fter recover	y of total volume	e of load oil o	and must be equal to at exceed top allow-		
٠.	OIL WELL Date First New Oil Run To Tanks	able f	or this de	pth or be fo	or full 24 hours) Method (Flow,				
	Date First New Oil Run To Tunks	Date of fest		Producting Motion (2 row) parity, gar		, , , , , , , , , , , , , , , , , , , ,	\urri\\(D)		
	Length of Test	Tubing Pressure		Casing P	ressure		Shoke Size		
	Actual Prod. During Test	Oil-Bbls.		Water - Bh	ols.		ONE COT OM		
							DISTER		
	GAS WELL			Dhi- C-	- d		Gravity of Condensate		
	Actual Prod. Test-MCF/D 1301 NCF/D	Length of Test 3 hours		Bbis. Col	ndensate/MMCF		Gravity of Condensate		
	Testing Method (pitot, back pr.) Calculated A.O.F.	Tubing Pressure 8.1. 768		Casing P	ressure	768	Choke Size 3/4"		
VI.	CERTIFICATE OF COMPLIAN	CE				_	TION COMMISSION		
	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.			APPR	APPROVED JAN 4 1965 , 19 By Original Signed Emery C. Arnold				
	above is true and complete to th	c best of my knowledge and	. Dellet.						
	JRIG'NAL SIGNED E. S. OBERLY Signature) Petroleum Engineer December 23, 1965 (Date)			Ti	TITLE Supervisor Dist. # 3 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.

PACKER REPAIR

8-21-65 Rigged up S. S. Reemes rig #11. Pulled 1 1/4" & 2 3/8" tubing. Set B.P. @ 3200'. Changed out wellhead. Drilled B.P. @ 3000'.

8-22-65

8-23-65 Milled out packer.

Ran 173 joints 2 3/8", 4.7# J-55 tubing, 5440.78' landed at 5450.78'.

Set Baker medel "D" packer @ 4374'. Ran 100 joints 1 1/4", 2.4#, J-55 tubing, 8-24-65 3229.93' landed @ 3239.93'.
Moved S.S. Reames back on location. Found M.V. tubing parted at Packer.

11-29-65

11-30-65 Re-ran P. C. & M. V. tubing same as above.

12-9-65 Bute Mesa Verde was tested.

12-16-65 Date Pictured Cliffs was tested.