

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																		
<table><tr><td colspan="2">DISTRIBUTION</td></tr><tr><td>SANTA FE</td><td></td></tr><tr><td>FILE</td><td></td></tr><tr><td>U.S.G.S.</td><td></td></tr><tr><td>LAND OFFICE</td><td></td></tr><tr><td>TRANSPORTER</td><td>OIL</td></tr><tr><td></td><td>GAS</td></tr><tr><td>OPERATOR</td><td></td></tr><tr><td>PRORATION OFFICE</td><td></td></tr></table>		DISTRIBUTION		SANTA FE		FILE		U.S.G.S.		LAND OFFICE		TRANSPORTER	OIL		GAS	OPERATOR		PRORATION OFFICE		
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TRANSPORTER	OIL																			
	GAS																			
OPERATOR																				
PRORATION OFFICE																				
Operator El Paso Natural Gas Company																				
Address Box 990, Farmington, New Mexico 87401																				
Reason(s) for filing (Check proper box)		Other (Please explain)																		
New Well <input type="checkbox"/>	Change In Transporter of:																			
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>																			
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>																			
If change of ownership give name and address of previous owner																				
DESCRIPTION OF WELL AND LEASE																				
Lease Name San Juan 27-4 Unit	Well No. 10	Pool Name, Including Formation Tapacito P. C.																		
Kind of Lease State, Federal or Fee	Lease No. SF 080679																			
Location Unit Letter G ; 1840 Feet From The North Line and 1500 Feet From The East Line of Section 32 Township 27N Range 4W , NMPM, Rio Arriba County																				
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS																				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company Box 990, Farmington, New Mexico 87401																			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Northwest Pipeline Corporation 501 Airport Drive, Farmington, New Mexico 87401																			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 32																		
	Twp. 27N	Rge. 4W																		
Is gas actually connected? When																				
If this production is commingled with that from any other lease or pool, give commingling order number:																				
COMPLETION DATA																				
Designate Type of Completion - (X)	Oil Well	Gas Well																		
	New Well	Workover																		
	Deepen	Plug Back																		
	Same Res'v.	Diff. Res'v.																		
Date Spudded	Date Compl. Ready 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																			
TUBING, CASING, AND CEMENTING RECORD																				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET																		
		SACKS CEMENT																		
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																		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.																		
OIL CON. COM. DIST. 3																				
GAS WELL																				
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF																		
		Gravity of Condensate																		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)																		
		Choke Size																		
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.																				
OIL CONSERVATION COMMISSION APPROVED FEB 7 1974, 19 BY Original Signed by A. R. Kendrick TITLE PETROLEUM ENGINEER DIST. NO. 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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Form C-104 must be filed for each pool in multiply																				