ſ	40. OF COPIES ALL	LIVED	 I		_			
1	DISTRIBUTION SANTA FE				NEW MEXICO OIL CONSERVA			
ı			7	11	REQUEST FOR ALL			
			7		AND			
	U.S.G.S.				AUTHORIZATION TO TRANSPORT			
	LAND OFFICE							
	IRANSPORTER	OIL	1					
1.		GAS	1					
	OPERATOR		/					
	PRORATION OFFICE							
••	El Paso Natural Gas Company							
	PO Box Reason(s) for filing New Well Recompletion Change in Ownershi If change of owners and address of pre-	(Check)	re na	er box)	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate			
11.	DESCRIPTION C				Well No. Pool Name, including Formation			
	San Ju	ian 27	-4	Unit	16(OWWO) Blanco Mesa Ver			
	Location							
	Unit Letter N	<u> </u>	_ ;	9 90	Feet From The South Line and			
	Line of Section	17_		Tov	waship 27N Range 4W			
m.	DESIGNATION O	F TR.	ANS	PORT	TER OF OIL AND NATURAL GAS			

TION COMMISSION

Form C-104

	SANTA FE	4		REQUEST F	OR ALLOWABLE		Effective 1-1-65	
	FILE	4			AND			
	U.S.G.S.			AUTHORIZATION TO TRAI	USPORT OIL AND I	NATURAL GA	AS	
	LAND OFFICE							
ſ	I RANSPORTER OIL							
	GAS	/						
ı	OPERATOR /	/						
١.	PROBATION OFFICE						·	
•	Operator							
- }	El Paso Natu	ral	G۵	is Company				
- 1	Address							
	PO Box 990,	Fa:	rm	ington, NM 87401				
Reason(s) for filing (Check proper box) Other (Please explain)								
- 1	New Well	•	•	Change in Transporter of:			:	
- 1	ra			Oil Dry Gos				
	Recompletion			Casinghead Gas Condens	sate			
1	Change in Ownership			Cability				
	If change of ownership give	nam	ıe.					
	and address of previous owr	ner_						
11.	DESCRIPTION OF WELL	L A	ND]	Well No. Pool Name, Including Fo	remutton	Kind of Lease	Lease No.	
	Lease Name			Well No. Pool Name, including to	aga Verde	State, Federal	i—	
	San Juan 27-	4 L	Init	16(OW WO) Blanco Me	esa verue	Sidie, Code, and	1	
	Location						***	
	M	. (9 90	Feet From The South Line	e and990	Feet From T	he West	
	Unit Letter IVI	·						
	1 the of Section 17		Tov	waship 27N Range	4W , NMPI	u, Rio A	rriba County	
	Line of Section 1/							
	a service on mp 43	NOD	on.	TER OF OUT AND NATURAL GA	S			
III.	Name of Authorized Transport	NSP	COL	TER OF OIL AND NATURAL GA	Address (Give address	to which approv	ed copy of this form is to be sent)	
					PO Box 99	0, Farmin	gton, NM	
	El Paso Nati	ura		as Company singhed Gas or Dry Gas X	Address (Give address to which approved copy of this form is to be sent)			
					•	0, Farmin		
	El Paso Nati	ura	<u> 1 G</u>	as Company	Is gas actually connec			
	If well produces oil or liquids	3,		Unit Sec. Twp. P.ge.	is gas actually common			
	give location of tanks.			IVI I/ I/I	<u></u>			
	If this production is commit	nøle	d wi	th that from any other lease or pool,	give commingling ord	er number:		
IV.	COMPLETION DATA						Plug Back Same Resty. Diff. Resty.	
- • •			,	Oil Well Gas Well	New Well Workover	Deeben		
	Designate Type of Co	omp	leti		X		P.B.T.D.	
	Date Spudded			Date Compl. Ready to Frod.	Total Depth	2016		
	w/o 10-6-73	3		w/o 11-21-73		8016'	6958'	
	Elevations (DF, RKB, RT, G		tc.i	Name of Producing Formation	Top Oxi/Gas Pay		Tubing Depth	
	66721CT			Mesa Verde		5232' 👢	5998'	
	5222-40	1 (520	2-5300' 5314-22' 5348-5	6' . 5366-80'. 5	712-28',	Depth Casing Shoe	
	Perforations 3232-40	, . :70	シエフ 2 つ _1	98',5812-20',5832-40',585	6-64', 5922-38',	5956-66'.	8016'	
	5/42-50,5/04-72,	3/0	24-	TUBING, CASING, ANI	CEMENTING RECO	RD		
				CASING & TUBING SIZE	DEPTH		SACKS CEMENT	
	HOLE SIZE					210'	200 sks.	
	15"			13 3/8" 9 5/8"		3725'	1000 sks.	
	12 1/4"					7874'	1200 sks.	
	8 3/4"			5 1/2" 4"liner/ 2 3/8" tu			ubing, 100 sk. on liner	
					iping 1700-1770		and must be equal to or exceed top allow	
v	TEST DATA AND REQU	UES	TF	OR ALLOWABLE (Test must be a	ifter recovery of total vo epth or be for full 24 hoi	tume of toda ott. irs)	and must be equal to a careful to participation	
•	OIL WELL				Producing Method (FI	ow. purip eas li	ift, etc.)	
	Date First New Oil Run To 7	Tank	9	Date of Test	Producting Michigan 12	TOTI I		
							Chole Size	
	Length of Test			Tubing Pressure	Casing Pressure	KLULITI		
						1 / = -	- Cas - NCF	
	Actual Prod. During Test			Oil-Bbls.	Water - Bols.	7 1	973 as - NCF	
					OIL CON. COM.			
	e 4 0 100° *				/	THE COLL S	3./	
	GAS WELL Actual Prod. Test-MCF/D			Length of Test	Bbls. Condensate/MX	y hrs.	Gravity of Condensate	
	į.	(T)				14	56	
	5728 MCF/			3 hrs. Tubing Pressure (Shut-in)	Casing Pressure (Sh	ut-in)	Choke Size	
	Testing Method (pitot, back			721		1177	4" M.R.	
	Calc. AOF				-			
Vi	CERTIFICATE OF CO	MPI	LIA!	NCE		CONSERVA	ATION COMMISSION	
•	·· · · · · · · · · · · · · · · ·				960 3 1010 			

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.

1 9	Silver	
	(Signature)	
Drilling C		
	(Tiele)	

December 6, 1973

(Date)

APPROVED	0F0 1 1919	, 19
· · · · · · · · · · · · · · · · · · ·	Signed by Emery C	. Arnold
	STERRYISON DISE.	

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

If this is a request for allowable for a newly drilled or despensed 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.

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