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| DISTRIBUTION | | NEW MEXICO OIL CONSERVATION COMMISSION | | Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 | |
| SANTA FE | | REQUEST FOR ALLOWABLE | | | |
| FILE | | AND | | | |
| U.S.G.S. | | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | |
| LAND OFFICE | | | | | |
| 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 | | Well No. Pool Name, Including Formation | | Kind of Lease | |
| San Juan 27-5 Unit | | 52 (GWO) Blanco Mesa Verde | | State, Federal or Fee | |
| Location | | | | Lease No. | |
| Unit Letter M | | 800 Feet From The South Line and 800 Feet From The West | | SF 079393 | |
| Line of Section 4 | | Township 27N Range 5W | | 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 | Sec. | Twp. | Rge. |
| | | M | 4 | 27N | 5W |
| | | 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 |
| | | | | | |
| 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 (Shut-in, etc.) | |
| Length of Test | | Tubing Pressure | | Casing Pressure | Choke Size |
| Actual Prod. During Test | | Oil-Bbls. | | Water-Bbls. | Gas-MCF |
| GAS WELL | | | | | |
| Actual Prod. Test-MCF/D | | Length of Test | | Bbls. Condensate/MCF | Gravity of Condensate |
| Testing Method (pilot, 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 CON. COM. DIST. 3 | | | | | |
| 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 | | | | | |