| DISTRIBUTION | | | |
|--------------------|-----|---|--|
| SANTA LE | | | |
| FILE | | | |
| u.s.g.s. | | | |
| LAND OFFICE | | | |
| ERANSPORTER | OIL | , | |
| | GAS | | |
| OPERATOR | | | |
| PROPATION OFFICE | | | |

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and C-100
Effective 1-1-65

| U.S.G.S. LAND OFFICE OIL | AUTHORIZATION | | SPORT OIL AND | NATURAL G | AS | |
|--|--|----------------------|--|-------------------|---------------------|------------------------|
| TRANSPORTER GAS | | | | | | |
| OPERATOR OFFICE | | | | | | |
| Operator Operator | | | | | | |
| El Paso Motural G | as Company | | · | | | |
| Pox 990, Formingt Reason(s) for tiling (Check proper | on, New Mexico 8740 | 01 | Other (Pleas | se explain) | | |
| New Well | Change in Transporter | of: | COC | | | |
| Recompletion Change in Ownership | Oil Casinghead Gas | Dry Gas Condensat | | | | |
| If change of ownership give nam | | | · [] | | | |
| DESCRIPTION OF WELL AN | D LEASE | | | 4 | | |
| San Juan 27-5 Unit | Well No. Pool Name, I 52 (OWO) Tar | acito P. | | State, Fedyral | | \$F 07 9393 |
| Location | 1/2 (01/110) 10/2 | ,40100 11 | | | | 12 1/2 |
| Unit Letter ; | 800 Feet From The SC | outh Line a | nd <u>800</u> | Feet From T | he | West |
| Line of Section 4 | Township 27N | Range | 5W , NMP | M, Rio A | rriba | County |
| DESIGNATION OF TRANSPO Name of Authorized Transporter of | ORTER OF OIL AND NATU | | idress (Give address | to which approv | ed copy of this for | n is to be sent) |
| El Paso Natural G | as Company | В | ox 990, Farm | ington, Ne | w Mexico 8 | 7401 |
| Name of Authorized Transporter of Northwest Pipelin | | i | ddress (Give address Ol Airport D | | | ! |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. M 14 27N | | 501 Airport Drive, Farmington, New Mexico 87401 | | | |
| f this production is commingled | with that from any other lease | e or pool, giv | e commingling orde | er number: | | ` |
| COMPLETION DATA | | Gas Well No | ew Weil Workover | Deepen | Plug Back Same | Res'v. Diff. Res'v. |
| Designate Type of Comple | | 1 | I Darah | | P.B.T.D. | <u> </u> |
| Date Spudded | Date Compl. Ready to Prod. | 1 | otal Depth | | F.B.1.D. | ļ |
| Elevations (DF, RKB, RT, GR, etc | .; Name of Producing Formatic | To an | op Oll/Gas Pay | | Tubing Depth | |
| Perforations | | | | | Depth Casing Sho | 9 |
| | TUBING, CAS | SING, AND C | EMENTING RECO | RD | | |
| HOLE SIZE | CASING & TUBING | SIZE | DEPTH SET | | SACKS CEMENT | |
| | | | | | | |
| | | | | | | |
| TEST DATA AND REQUEST | FOR ALLOWARIE (Test | must be after | recovery of total vol | ume of load oil o | ind must be equal t | o or exceed top allow- |
| OIL WELL | able | for this depth | or oe jor juit 29 nous | nrn | ı, etc.) | |
| Date First New Cil Run To Tanks | Date of Test | | roducing Method | | \ | |
| Length of Test | Tubing Pressure | C | asing Pressure | | Choke Size | |
| Actual Prod. During Test | Oil-Bbls. | - W | ater-Bbl. | <u> </u> | Gas-MCF | |
| Actual Float Dailing 100. | | | OIL C | ON THE | | |
| | | | DI | ST. | | |
| Actual Prod. Test-MCF/D | Length of Test | В | bla. Condensate/MMC | OF. | Gravity of Conde | neate |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in |) c | asing Pressure (Shu | t-in) | Choke Size | |
| CERTIFICATE OF COMPLIA | ANCE | | OIL | CONSERVA | TION COMMIS | SION |
| _ | | | ABBBOVED | | FEB 7 19 | 174 19 |
| Commission have been complie | by certify that the rules and regulations of the Oil Conservation ission have been complied with and that the information given is true and complete to the best of my knowledge and belief. | | BY Original Signed by A. R. Kendrick | | | |
| DOVE IS THE BEAU COMPLETE TO THE DESIT OF MY KNOWLEDGE AND DETICE. | | - 11 | TITLE PETROLEUM ENGINEER DIST. NO. 3 | | | |
| | | | | o be filed in c | ompliance with | TULE 1104. |
| | | | This form is to be filed in compliance with RULE 1104. If this is a request for silowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation | | | |
| (S | ignature) | | tests taken on the well in accordance with RULE 111. | | | |
| 1841 4 A 30 / A | (Title) | | 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. | | | |
| JAN 1 0 1974 | (Date) | | well name or numb | er, or transport | er, or other such t | mange of considering |
| | | Н | Process of the second second | ~~ (-104 mi-1 | er filed for as | ch coal in multiply |