

DISTRIBUTION		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	
SANTA FE											
FILE											
U.S.G.S.											
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)											
New Well <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>											
Recompletion <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>											
Change in Ownership <input type="checkbox"/> Other (Please explain)											
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		Lease No.			
San Juan 27-5 Unit		21		Blanco Mesa Verde		State, Federal or Fee		SF 079393			
Location											
Unit Letter B : 990 Feet From The North Line and 1650 Feet From The East											
Line of Section 3 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.	Is gas actually connected?		When			
		B	3	27N	5W						
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		Choke Size					
Actual Prod. During Test		Oil-Bbls.		Water-Bbls.		Gas-Bbls.					
GAS WELL											
Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate					
Testing Method (pilot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size					
CERTIFICATE OF COMPLIANCE											
OIL CONSERVATION COMMISSION FEB 7 1974											
APPROVED _____, 19 _____											
BY Original Signed by Emery C. Arnold											
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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.											
Supersede Form C-104 must be filed for each pool in multiply											

(Signature) _____

(Title) _____

(Date) JAN 9 1974