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| DISTRIBUTION           |     |   |   |
| SANTA FE               |     | 1 |   |
| FILE                   |     | 1 | 6 |
| U.S.G.S.               |     |   |   |
| LAND OFFICE            |     |   |   |
| TRANSPORTER            | OIL |   |   |
|                        | GAS | 1 |   |
| OPERATOR               |     | 2 |   |
| PRORATION OFFICE       |     |   |   |
|                        |     |   |   |

|      | DISTRIBUTION  SANTA FE  FILE    Comparison   Comparison | NEW MEXICO OIL C<br>REQUEST                                  | Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65  |  |  |
|------|--|--|---|--|--|
|      | U.S.G.S.  LAND OFFICE  IRANSPORTER OIL / GAS /  OPERATOR 2   | AUTHORIZATION TO TRA   | AND<br>NSPORT OIL AND NATURAL G   | AS   |  |
| I.   | PRORATION OFFICE Operator  |  |   |  |  |
|      | El Paso Natural Gas (  | Company  |   |  |  |
|      | Box 990, Farmington, New Mexico  |  |   |  |  |
|      | Reason(s) for filing (Check proper box)  |  | Other (Please explain)  |  |  |
|      | New We!l  Recompletion  Change in Ownership  | Change in Transporter of:  Oil Dry Ga  Casinghead Gas Conden | <b>─</b> !  |  |  |
|      | If change of ownership give name<br>and address of previous owner  |  |   |  |  |
| 11.  | DESCRIPTION OF WELL AND I  | EASE   Well No.   Pool Name, Including Fo                    | ormation   Kind of Lease  | Lease No.  |  |
|      | San Juan 27-5 Unit   | 106 Basin Dakot  |   |  |  |
|      |  | Feet From The North Lin                                      | e andFeet From T  | The East   |  |
|      | Line of Section 1 Town   | nship <b>27N</b> Range                                       | 5W , NMPM, Ric  | Arriba County                                      |  |
| III. | DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil   |  | Address (Give address to which approv   | ed copy of this form is to be sent)                |  |
|      | El Paso Natural Gas (  |  | Box 990, Farmington, Address (Give address to which approx  |  |  |
|      | Name of Authorized Transporter of Cast  El Paso Natural Gas  | <u>.</u> .   | Box 990, Farmington,  |  |  |
|      | If well produces oil or liquids, give location of tanks.   | Unit Sec. Twp. Rge. G 1 27N 5W                               | Is gas actually connected? Whe  |  |  |
|      | If this production is commingled with  | that from any other lease or pool,                           | give commingling order number:  |  |  |
| IV.  | COMPLETION DATA  |  | New Well Workover Deepen  | Plug Back   Same Res'v. Diff. Res'v.               |  |
|      | Designate Type of Completion   | Date Compl. Ready to Prod.                                   | Total Depth   | P.B.T.D.   |  |
|      | Date Spudded 5-7-67  | 6-5-67   | 8700'   | 8667'  |  |
|      |  | vations (DF, RKB, RT, GR, etc.) Name of Producing Formation  |   | Tubing Depth 8397 1                                |  |
|      | Perforations 8430-34, 8448-52, 8514-18, 8536-44, 8598-8606,  |  |   | Depth Casing Shoe                                  |  |
|      | TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET   |  | DEPTH SET   | SACKS CEMENT                                       |  |
|      | 15"  | 10 3/4"  | 326'  | 240 Sks.   |  |
|      | 9 7/8"   | 7 5/8"   | 45801   | 165 Sks.   |  |
|      | 6 3/4"   | 5 1/2"   | 83481   | 295 Sks.   |  |
| ٠,   | 14 3/4" TEST DATA AND REQUEST FO   | h <sup>n</sup> Liner   | 8301 - 8700 1   | 100 Ska. and must be equal to or exceed top allow- |  |
| ▼.   | OIL WELL 2 3/8" Cubing Date First New Oil Run To Tanks   |  | ppth or be for full 24 hours)  Producing Method (Plan, pump, eas li)  |  |  |
|      | Length of Test   | Tubing Pressure  | Casing Pregati  | Choke Size   |  |
|      | Actual Prod. During Test   | Oil-Bbls.  | Water-Bbb. JUN 1 3 1967   | Gas - MCF  |  |
|      |  |  | · COM   | <del></del>  |  |
|      | GAS WELL   |  |   | <u>,</u>   |  |
|      | Actual Prod. Test-MCF/D  | Length of Test  3 Hours                                      | Bbls. Condensate (MMCF  | Gravity of Condensate                              |  |
|      | Testing Method (pitot, back pr.)  Calculated A.O.F.  | Tubing Pressure (shut-in) 2448                               | Casing Pressure (Shut-in)   | Choke Size 3/4"                                    |  |
| VI.  | VI. 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.  Original signed by Carl E. Matthews  (Signature)  Petroleum Engineer  (Title)   |  | OIL CONSERVA  | TION COMMISSION                                    |  |
|      |  |  | APPROVED JUN 15 1967, 19 Original Signed by A. R. Kendrick  |  |  |
|      |  |  |   |  |  |
|      |  |  | TITLE PETROLEUM ENGINEER DIST. NO. 5  |  |  |
|      |  |  | 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. |  |  |
|      |  |  |   |  |  |
|      |  |  |   |  |  |
|      | Julie 9, 1901  | te)  | 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.  |  |  |