			7	
NO. OF COPIES	NO. OF COPIES RECEIVED			
DISTRIB	DISTRIBUTION			
SANTA FE	SANTA FE			
FILE			1	U.
U.S.G.S.	U.S.G.S.			
LAND OFFIC	LAND OFFICE			
TRANSPORTER	<b>.</b>	OIL	1	
IRANSFORI	ER	GAS		
OPERATOR			2	
PRORATION	PRORATION OFFICE			
· ———				

August 20, 1968

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

FILE / C	-	AND	
U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL	GAS
LAND OFFICE			•
IRANSPORTER OIL /			
GAS /			
OPERATOR 2			
PRORATION OFFICE			
Operator			
El Paso Natural Ge	as Company		
Address			
Box 990, Farmingto	on, New Mexico - 87401		
Reason(s) for filing (Check proper box	()	Other (Please explain,	
New Well	Change in Transporter of:	<u></u>	
Recompletion	Oil Dry Gas		
Change in Ownership	Casinghead Gas Condens	sate	
If change of ownership give name and address of previous owner			
and address of previous owner			
I. DESCRIPTION OF WELL AND	LEASE		I area No.
Lease Name	Well No. Pool Name, Including Fo		
San Juan 27-4 Uni	t 45 Basin Dakota	State, F'ede	**************************************
Location			
Unit Letter A ; 10	35 Feet From The North Line	e and <b>900</b> Feet Fro.	m The <b>East</b>
Unit Letter A; 10	1 600 1 10 1		
Line of Section 19	ownship <b>27N</b> Range	W , NMPM, R	io Arriba County
Elife of Section —			
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	S	
Name of Authorized Transporter of O	or Condensate X	Address (Give address to which app	proved copy of this form is to be sent)
El Paso Natural G		Box 990. Farmington	New Mexico - 87401
Name of Authorized Transporter of C	asinghead Gas or Dry Gas X	Address (Give address to which app	proved copy of this form is to be sent)
· · · · · · · · · · · · · · · · · · ·	_	Boy 990 Fermington	New Mexico - 87401
El Paso Natural G		Is gas actually connected?	When
If well produces oil or liquids,			
give location of tanks.	A 19 27N 4W		
If this production is commingled w	with that from any other lease or pool,	give commingling order number:	
V. COMPLETION DATA		New Well Workover Deer en	Plug Back   Same Resty. Diff. Resty.
Designate Type of Complet		New Well Workover Becken	
Designate Type of Complete	ion = (A)	X	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.1.D.
7-10-68	8-14-68	81551	8118'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top On Gas Pay	Tubing Depth
6820' GL	Dakota	78841	7869'
Perforations			Depth Casing Shoe
7884-94, 7904-18,	8008-18, 8056-62, 8082-9	0	8155
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	203'	105 Sks.
8 3/4"	7"	3908' 1	.30 Sks.
6 1/4"	41/2"	8155*	395 Sks.
0 1/4	2 3/8"	7869'	
			oil and must be equal to or exceed top allow-
V. TEST DATA AND REQUEST	FOR ALLOWABLE (1 est must be a able for this de	epth or be for full 24 hours)	FOLILA
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)
Date First New Oil Aun 10 1 and			\ KTPTIATD \
	Tubing Pressure	Casing Pressure	Choke lize
Length of Test	I ubing Pleasers		AUG 21 1968
	01.01	Water-Bbls.	Gas-MCF
Actual Prod. During Test	Oil-Bbls.		CIL CON. COM.
			DIST. 3
<del></del>			0.51. 5
GAS WELL		Table Condensate ANGE	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Solidonia
3746	3 Hours	403.05	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	
Calculated A.O.F.	2686	2629	3/4"
VI. CERTIFICATE OF COMPLIA		OIL CONSER	EVATION COMMISSION
VI. CERTIFICATE OF COMPLIA	NOE		AIIG 2 1 1000
	decimalisms of the Oil Conservation	in [ ) [ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	
a i i i i i i i i i i i i i i i i i i i	nd regulations of the Oil Conservation d with and that the information given		
above is true and complete to	the best of my knowledge and belief.	BY Oliginar Digital	SUPERVISOR DIST. #3
•		TITLE	DULIU A POOL DIE DIE
		11	
	Original signed by	This form is to be filed	in compliance with RULE 1104.
	Carl E. Matthews		diamoble for a newly drilled or deepened
- is	ignature)	well, this form must be accorded tests taken on the well in	MADDELET DE MINISTRALION OF THE GOALDING.
Petroleum Enginee		tests taken on the well in	n must be filled out completely for allow
	(Title)	All sections of this lorn able on new and recomplete	d wells.
	1	BATC ON WOLL THE LEADING	

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.

.