

DISTRIBUTION	5	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	/		

El Paso Natural Gas Company
Address
Box 990, Farmington, New Mexico 87401
Reason(s) for filing (check proper box) Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE
Lease Name San Juan 27-4 Unit Well No. 45 Pool Name, Including Formation Basin Dakota Kind of Lease State, Federal or ☒ Fee Lease No. Fee
Location
Unit Letter A : 1035 Feet From The North Line and 900 Feet From The East
Line of Section 19 Township 27N Range 4W, NMPM, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒ 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 ☐ or Dry Gas ☒ 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 A Sec. 19 Twp. 27N Rge. 4W 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 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
Actual Prod. During Test Oil-Bbls. Water-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
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.
(Signature)
(Title)
JAN 9 1974
(Date)

OIL CONSERVATION COMMISSION
APPROVED FEB 7 1974, 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.
Form C-104 must be filed for each pool to multiply