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SANTA FE			
FILE		1	4
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LAND OFFICE			
IRANSPORTER	OIL	1	
	GAS	1	
OPERATOR	2	,	
PRORATION OFFICE			
Operator			
	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OPERATOR PRORATION OFF	FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR PRORATION OFFICE	DISTRIBUTION SANTA FE / FILE U.S.G.S. LAND OFFICE IRANSPORTER OPERATOR PRORATION OFFICE

August 29, 1968

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION

	SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110	
	U.S.G.S.	1	AND	Effective 1-1-65	
ŀ	LAND OFFICE	_ AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS	
	OIL /	1			
	TRANSPORTER GAS /				
	OPERATOR 2				
1.	PRORATION OFFICE				
	El Paso Natural Go	as Company			
		op, New Mexico - 87401			
	Reason(s) for filing (Check proper bo		Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion	Oil Dry Ga Casinghead Gas Conder			
	Change in Ownership	Cusinghed dus Conder	isdie []		
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND	LEASE	What is soon		
	Lease Name	Well No. Pool Name, Including Fo	State Fodoral		
	San Juan 27-4 Uni	t 44 Basin Dakota		<u> </u>	
	Unit Letter H ; 18	25 Feet From The North Lin	te and 1190 Feet From 1	The East	
	Line of Section 18 To	ownship 27N Range	4W , NMPM, Rio Arr	iba County	
111.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	AS		
	Name of Authorized Transporter of Oi	il or Condensate 🛣	Address (Give address to which approx		
	El Paso Natural Ge	- ·	Box 990, Farmington, N Address (Give address to which approx		
	Fl Pasc Natural G		Box 990, Farmington, N		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe		
	give location of tanks.	H 18 27N 4W			
	If this production is commingled w COMPLETION DATA	rith that from any other lease or pool,	give commingling order number:		
	Designate Type of Completi	ion - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
		Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.	
	Date Spudded 7-28-68	8-23-68	7974¹	7951'	
	Elevations (DF, RKB, RT, GR, etc.)		Top 1/Gas Pay	Tubing Depth	
	6632 ' GL	Dakota	7702	7668!	
	Perforations			Depth Casing Shoe	
	7702-10, 7720-30, 7828-38, 7892-98, 7908-24, 7924-28 7974" TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	13 3/4"	9 5/8"	2041	158 Sks.	
	8 3/4"	7"	3726'	125 Sks.	
	6 1/4"	4 1/2"	7974	400 Sks.	
		2 3/8"	7668!	Tubing	
V.	TEST DATA AND REQUEST E	FOR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil: ppth or be for full 24 hours)	and must be equal to or exceed top allow-	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	i, etc.)	
				/ RLIVIN	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF AUG 3 0 1968	
				04 004	
	-			DIST. 3	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	5843	3 Hours			
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Calculated A.O.F.	2493	2482	3/14"	
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION AUG 3 0 1968		
	I hereby certify that the rules and regulations of the Oil Conservation		Original Signed by Emery C. Arnold 19		
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		By Original Signed by Emery C. Arriold			
	was a second of the second of		SUPERVISOR DIST. #3		
		• • • • • • • • • • • • • • • • • • • •	TITLE		
		iginal signed by	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened		
	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	Petroleum Enginee			dance with RULE 111. at be filled out completely for allow-	
		itle)	able 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. Separate Forms C-104 must be filed for each pool in multiply completed wells.