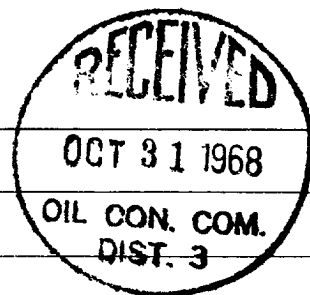


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OPERATOR		2
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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



Operator El Paso Natural Gas Company	
Address Box 990, Farmington, New Mexico - 87401	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner _____

Lease Name San Juan 27-4 Unit	Well No. 51	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/>	Lease No. ST 080670
Location				
Unit Letter H	1450	Feet From The North	Line and 800	Feet From The East
Line of Section 29	Township 27N	Range 4W	, 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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico - 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico - 87401
If well produces oil or liquids, give location of tanks.	Unit H Sec. 29 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: _____

V. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded 9-29-68	Date Compl. Ready to Prod. 10-22-68
Elevations (DF, RKB, RT, GR, etc.) 6884' GL	Name of Producing Formation Dakota
Perforations 7945-55', 7967-77', 8075-85', 8119-34', 8162-67'	Total Depth 8173'
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
15"	10 3/4"
9 7/8"	7 5/8"
6 3/4"	4 1/2"
	2 3/8"
DEPTH SET	
202'	
3922'	
8173'	
7934'	
SACKS CEMENT	
185 Sks.	
155 Sks.	
450 Sks.	
Tubing	

V. 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
Length of Test	Tubing Pressure
Actual Prod. During Test	Oil - Bbls.
Producing Method (Flow, pump, gas lift, etc.)	
Casing Pressure	
Water - Bbls.	
Gas - MCF	

GAS WELL	
Actual Prod. Test - MCF/D 5397	Length of Test 3 Hours
Testing Method (pitot, back pr.) Calculated A.O.F.	Tubing Pressure (shut-in) 2573
Bbls. Condensate per 3 Hours 30.58	Gravity of Condensate 53 API
Casing Pressure (shut-in) 2562	Choke Size 3/4"

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.	
OIL CONSERVATION COMMISSION NOV 12 1968	
APPROVED _____, 19	
BY Original Signed by Emery C. Arnold	
SUPERVISOR DIST. #3	
TITLE _____	
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.	
Separate Forms C-104 must be filed for each pool in multiply completed wells.	
Original signed by Carl E. Matthews	
(Signature)	
Petroleum Engineer	
(Title)	
October 28, 1968	
(Date)	