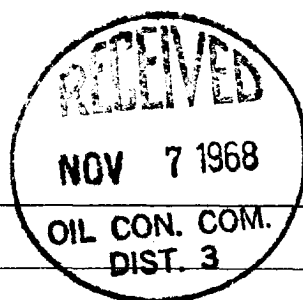


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LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	2
PRORATION OFFICE	

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)	Other (Please explain)
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"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE	
Lease Name <b>San Juan 27-4 Unit</b>	Well No. <b>53</b> Pool Name, Including Formation <b>Basin Dakota</b>
Location Unit Letter <b>B</b> ; <b>900</b> Feet From The <b>North</b> Line and <b>1460</b> Feet From The <b>East</b>	Kind of Lease State, Federal or Fee <b>X</b> Lease No. <b>ST 080670</b>
Line of Section <b>30</b> Township <b>27N</b> Range <b>4W</b> , NMPM, <b>Rio Arriba</b> County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>El Paso Natural Gas Company</b>	<b>Box 990, Farmington, New Mexico - 87401</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>El Paso Natural Gas Company</b>	<b>Box 990, Farmington, New Mexico - 87401</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <b>B</b> Sec. <b>30</b> Twp. <b>27N</b> Rge. <b>4W</b>	

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 <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'tv. <input type="checkbox"/> Diff. Res'tv. <input type="checkbox"/>
Date Spudded <b>9-30-68</b>	Date Compl. Ready to Prod. <b>10-24-68</b>
Elevations (DF, RKB, RT, GR, etc.) <b>6961' GL</b>	Name of Producing Formation <b>Dakota</b>
Perforations <b>7999-8007', 8017-35', 8084-94', 8128-38', 8172-78', 8203-13'</b>	Top Gas Pay <b>7999</b>
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE <b>15"</b>	CASING & TUBING SIZE <b>10 3/4"</b>
<b>9 7/8"</b>	<b>7 5/8"</b>
<b>6 3/4"</b>	<b>4 1/2"</b>
	<b>2 3/8"</b>
DEPTH SET <b>205'</b>	SACKS CEMENT <b>185 Sks.</b>
<b>3999'</b>	<b>185 Sks.</b>
<b>8256'</b>	<b>500 Sks.</b>
<b>7986'</b>	<b>Tubing</b>

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL	
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
Choke Size	Water-Bbls.
Gas-MCF	

GAS WELL	
Actual Prod. Test-MCF/D <b>3273</b>	Length of Test <b>3 Hours</b>
Testing Method (pitot, back pr.) <b>Calculated A.O.F.</b>	Tubing Pressure (Shut-in) <b>2557</b>
Bbls. Condensate/MMCF <b>14.92 BBlts. - 3 Hrs.</b>	Gravity of Condensate
Casing Pressure (Shut-in) <b>2558</b>	Choke Size <b>3/4"</b>

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 <b>Carl E. Matthews</b> (Signature) <b>Petroleum Engineer</b> (Title) <b>November 5, 1968</b> (Date)	
OIL CONSERVATION COMMISSION <b>NOV 7 1968</b> APPROVED BY <b>Original Signed by Emery C. Arnold</b> SUPERVISOR DIST. #9 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.	