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t	U.S.G.S.	TUA	HORIZA	TION 1	TO TRA	NSPORT OIL	L AND N	ATURAL	GAS		
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ľ	TRANSPORTER OIL								,	/RIL	[IVED]
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.	PRORATION OFFICE	-								JUL	1 8 1969
*	Operator	6	_					<u> </u>		ל מנו כו	ON COM.
1	El Paso Natural Gas Company OIL CON. COM. DIST. 3									ST. 3	
	Box 990, Farmington,	New Me	xico -	8740	1						
ł	Reason(s) for filing (Check proper box)										
İ	New Well	Chang	ge in Trans	porter of	:						
	Recompletion	Oil			Dry Gas	, []					
	Change in Ownership	Casin	ghead Gas		Conden	sate					
	If change of ownership give name and address of previous owner					<u></u>	,				
	_	· EAGE									
П.	DESCRIPTION OF WELL AND Decays Name	Well	No. Pool !	Name, Inc	cluding Fo	ormation		Kind of Le	ase		Lease No.
	San Juan 27-5 Unit	111	1		Dakota			State, Fede	eral or Fee		E-290-19
	Location										
	Unit Letter L : 1830 Feet From The South Line and 1090 Feet From The West										
	Line of Section 2 Tov	wnship	27N	R	ange	5W	, NMPM	R	io Arri	ba	County
						-					
						_					
III.	DESIGNATION OF TRANSPORT	TER OF C	OIL AND	NATU	RAL GA	S Address (Giv	e address t	o which app	proved copy of	of this form	is to be sent)
HI.	Name of Authorized Transporter of Oil	· 🔲 '	OIL AND or Condens	NATU	RAL GA	Address (Giv					is to be sent) 87401
III.	Name of Authorized Transporter of Oil El Paso Natural Gas Co	mban a	or Condens	ate 🔼		Box 990	, Farm	ington,	New Me	xico -	
III.	Name of Authorized Transporter of Oil	mpany singhead Ga	or Condens	ate 🔼		Box 990 Address (Giv	e address t	ington,	New Me	xico - of this form	87401 is to be sent)
HI.	Name of Authorized Transporter of Oil El Paso Natural Gas Co Name of Authorized Transporter of Cas El Paso Natural Gas Co	mpany singhead Ga	or Condens	ate 🔼		Box 990 Address (Giv	e address to, Farm	ington, o which app ington,	New Ma	xico - of this form	87401 is to be sent)
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OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF		

GAS WELL			Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
4092	3 Hours		Obaba Sina
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Calculated A.O.F.	2634	2601	3/4"
CATCATE SAN VOC.L.			

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.

	Original Signed By:
	L. O. Van Ryan
	(Signature)
Petroleum Engineer	
July 11. 1969	(Title)

(Date)

OIL CONSERVATION COMMISSION

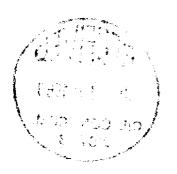
JUL 1 8 1969 APPROVED. By Original Signed by Emery C. Arnold SUPERVISOR DIST. #9 TITLE _

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.



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