NO. OF COPIES RECEIVED		6	
DISTRIBUTION			
SANTA FE		1	
FILE		7	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	7	
	GAS	1	
OPERATOR		2	
PRORATION OFFICE			
Operator			

-	DISTRIBUTION SANTA FE FILE		ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
-	U.S.G.S.  LAND OFFICE  TRANSPORTER OIL / GAS /  OPERATOR 2	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS	
1.	PRORATION OFFICE				
-	Operator  El Paso Natural Gas	Company			
	Address				
	Box 990, Farmington,		Other (Please explain)		
	Reason(s) for filing (Check proper box  New Well	Change in Transporter of:	Office (Trease explain)		
ļ	Recompletion	Oil Dry Gas	s 🔲		
	Change in Ownership	Casinghead Gas Conden	asate		
	If change of ownership give name				
	and address of previous owner				
11.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including Fo	ormation   Kind of Lease	Lease No.	
	San Juan 27-5 Unit	115 Basin Dakota	a	l or Fee SF 079492-B	
	Location			_	
	Unit Letter <b>A</b> ; <b>106</b>	Feet From The North Lin	e and <u>1175</u> Feet From T	The <b>East</b>	
	Line of Section 23 To	ownship 27N Range	W , NMPM, Rio Arr	County	
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which approx		
	El Paso Natural Gas	Company	Box 990, Farmington, N	iew Mexico - 87401	
	Name of Authorized Transporter of Ca		Address (Give address to which approx Box 990, Farmington,		
	El Paso Natural Gas	Unit Sec. Twp. Rge.	Is gas actually connected? Who		
	If well produces oil or liquids, give location of tanks.	A 23 27N 5W			
		ith that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v.	
	Designate Type of Completi		X		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 7801'	P.B.T.D. <b>7780'</b>	
	6-3-69 Elevations (DF, RKB, RT, GR, etc.)	7-1-69 Name of Producing Formation	Top (Gas Pay	Tubing Depth	
	6553' GL	Dakota	75561	7714	
	Perforations	CT 06 TT 10 119 TT 60 68		Depth Casing Shoe	
	7550-60, 7570-70, 10	578-86, 7740-48, 7760-68 TUBING, CASING, ANI	D CEMENTING RECORD	1002	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	13 3/4"	9 5/8"	239' 3545' X	200 Sks.	
	8 3/4" 6 1/4"	4 1/2"	7801	25813kgx 358 Skg.	
	0 1/4	1 1/4"	7714'	Tubing	
V.	TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a able for this di	ifter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow-	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ift, etc.) OH FIVE	
				Choke Size	
	Length of Test	Tubing Pressure	Casing Pressure	1111 0 2 1050	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF	
				OIL CON COM.	
				DIST. 3	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	3319	3 Hours Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	25841	3/4"	
vi	Calculated A.O.F.  CERTIFICATE OF COMPLIAN		OIL CONSERVA	ATION COMMISSION 1050	
V 1.			OIL CONSERVATION COMMISSION 1969		
	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.		APPROVED	APPROVED, Signed by Emery C. Arnold	
			BY Original Signed by Emery C. Arnold		
			TITLESUPERVISOR DIST. #9		
		Chefnal Signed By:	This form is to be filed in	compliance with RULE 1104.	
	L. O. Van Ryss (Signature)  Petroleum Engineer (Title)		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 acco	ordance with RULE 111. ust be filled out completely for allow-	
			able on new and recompleted w	rells.	
	July 17, 1969	Detail	Fill out only Sections I, well name or number, or transpor	II, III, and VI for changes of owner, rter, or other such change of condition.	
	(	'Date)	11	بمؤسلة المنت	

well name or number, or transporter, or other such change of condition. 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.