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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

I. 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 ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

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

II. DESCRIPTION OF WELL AND LEASE
Lease Name **San Juan 27-4 Unit** Well No. **59** Pool Name, including Formation **Basin Dakota** Kind of Lease **State, F~~X~~ederal or Fee** Lease No. **SF 080568**
Location
Unit Letter **G** ; **1460** Feet From The **North** Line and **1800** Feet From The **East**
Line of Section **4** Township **27N** Range **4W** , NMPM, **Rio Arriba** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒
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 ☐ or Dry Gas ☒
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 **G** Sec. **4** 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: _____

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well ☐ Gas Well ☒ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐
Date Spudded **5-10-71** Date Compl. Ready to Prod. **6-17-71** Total Depth **8641** P.B.T.D. **8624**
Elevations (DF, RKB, RT, GR, etc.) **7248' GL** Name of Producing Formation **Dakota** Top ~~800~~ Gas Pay **8404** Tubing Depth **8586**
Perforations **8404-14, 8470-76, 8496-8506, 8552-72** Depth Casing Shoe **8641**
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
13 3/4" **9 5/8"** **220'** **190 Sks.**
8 3/4" **7"** **4536'** **115 Sks.**
6 1/4" **4 1/2"** **8641'** **325 Sks.**
1 1/2" **8586'** **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 _____ Producing Method (Flow, pump, gas lift, etc.) _____
Length of Test _____ Tubing Pressure _____ Casing Pressure _____ Choke Size _____
Actual Prod. During Test _____ Oil - Bbls. _____ Water - Bbls. _____ Gas - MCF _____
OIL CGN. COM. DIST. 3

GAS WELL
Actual Prod. Test - MCF/D **2181** Length of Test **3 Hours** Bbls. Condensate/MMCF _____ Gravity of Condensate _____
Testing Method (pilot, back pr.) **Calculated A. O. F.** Tubing Pressure (shut-in) **2611** Casing Pressure (shut-in) **2611** 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.
Original Signed **F. H. WOOD**
(Signature)
Petroleum Engineer
(Title)
June 25, 1971
(Date)
OIL CONSERVATION COMMISSION
JUN 29 1971
APPROVED _____
BY **Original Signed by Emery C. ...**
TITLE **SUPERVISOR DIST. 29**
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.