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DISTRIBUTION			
SANTA FE		1	
FILE		1	4
U.S.G.S.			
LAND OFFICE		<u> </u>	
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		Γ_{I}	
PRORATION OFFICE			<u> </u>

	DISTRIBUTION SANTA FE /	· · =	POR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Elfoctive 1-1-65		
}	FILE / / C	AUTHODIZATION TO TRAI	- AND NSPORT OIL AND NATURAL G	A C		
}	U.S.G.S.	AUTHORIZATION TO TRAI	NSPURT OIL AND NATURAL G	AS		
ŀ	014 /					
	TRANSPORTER GAS /	-				
• [OPERATOR /					
1.	PRORATION OFFICE					
	El Paso Natural Ga	s Company				
Address						
	PO Box 990, Farmington, NM 87401					
	Reason(s) for filing (Check proper box)		Other (Please explain)	·		
	New Well	Change in Transporter of:				
	Recompletion	Oil Dry Gas Casinghead Gas Condens	一			
	Change in Ownership	Cashighed Cas				
	If change of ownership give name					
	and address of previous owner					
11.	DESCRIPTION OF WELL AND L	EASE	ormation Kind of Lease	Lease No.		
	Lease Name State./Federal/ or Fee CD 0806					
	San Juan 27-4 Unit	60 Basin Dakota) . <u>Si jooo74 n</u>		
	Location A 990	Feet From The North Line	e and 990 Feet From	The East		
	Unit Letter A : 990	Feet From The				
	Line of Section 21 Tow	nship 27N Range	4W , NMPM, R	io Arriba County		
Ш.	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA	Address (Give address to which approx	ved copy of this form is to be sent)		
	Name of Admortized Adm					
	El Paso Natural Ga	inghead Gas or Dry Gas X	Address (Give address to which approved copy of this form is to be sent)			
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X. El Paso Natural Gas Company		PO Box 990, Farmington, NM 87401			
		Unit Sec. Twp. P.ge.	Is gas actually connected? Wh	en		
	If well produces oil or liquids, and a series of tanks. A 21 27N 4W					
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:			
				Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completio		X			
	Date Spudded	Cate Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	4-6-72	5-10-72	8483'	8474'		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Xil/Gas Pay	Tubing Depth 8432'		
	7135'GL	Dakota	8210'	Depth Casing Shoe		
	Perforations					
	8210-20', 8303-13', 8332-42', 8369-79', 8403-13', 8450-60' 8483' TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	13 3/4"	9 5/8''	228'	225 cu. ft.		
	8 3/4"	7"	4344'	194 cu. ft.		
	6 1/4"	4 1/2"	8483'	652 cu. ft.		
	1 1/2" 8432' tubing					
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to o able for this depth or be for full 24 hours)						
	OII. WELL Date First New Oil Run To Tanks Date of Test Producing Method (Figure pump see lift, etc.)					
				Thoke Size		
	Length of Test	Tubing Pressure	Casing Pressure			
		Oil-Bble.	Water-Bble. MAY 2 5 1972	Ge-MCF		
	Actual Prod. During Test	OII-BBIE.	MAY 23 love			
) JR. (W		
	GAS WELL		DISI.	/		
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MVCF	Gravity of Condensate		
	2159	3 hours	21 Casing Pressure (Shut-in)	54°		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	2582	3/4"		
	Calc. AOF	2606	OU CONSERV	ATION COMMISSION		
VI	. CERTIFICATE OF COMPLIAN	CE	M M	AY 2 5 1972		
I hereby certify that the rules and regulations of the Oil Conservation			APPROVED	, 19		
				oy Emery C. Arnold		
	Commission have been compiled with and knowledge and belief.					
	1		11166	1. FROR DIST #3		
	\sim // / /	()	This form is to be filed in compliance with RULE 1104.			
	Att Whole		If this is a request for silowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation			
	is in the well in accordance with Note					
	Petroleum Engineer		tests taken on the west in account be filled out completely for allow-			

(Title)

(Date)

May 24, 1972

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.