ſ	HO. OF COPIES RECE	1.5		
	DISTRIBUTION			
	SANTA FE		1	
	FILE U.S.G.S.		1	~
	LAND OFFICE			
	TRANSPORTER	OIL		<u> </u>
		GAS	/	
	OPERATOR		/_	
	PRORATION OFFICE		I	

NEW MEXICO OIL CONSERVATION COMMISSION

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
ŀ	U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL (SAS		
-	LAND OFFICE	AUTHORIZATION TO TRA	MAI ON TOTE AND MATORIAL C			
	OIL /					
Ì	TRANSPORTER GAS /					
	OPERATOR /	_				
1.	PRORATION OFFICE	1				
	Operator El Pago Matural C	as Company				
	El Paso Natural Gas Company					
	PO Box 990, Farmington, NM 87401					
	Reason(s) for filing (Check proper bo	*)	Other (Please explain)			
	New Meil	Change in Transporter of:	<u>. m!</u>			
	Recompletion	Oil Dry Ga Casinghead Gas Conden	~			
	Change in Ownership	Cushiquest dus				
	If change of ownership give name					
	and address of previous owner					
II.	DESCRIPTION OF WELL AND	LEASF. Well No. Pool Name, Including F	ormation Kind of Leas	e Lease No.		
	Lease Name		State, (Federa			
	San Juan 27-5 Uni	t 164 Basin Dakota				
		840 Feet From The North Lin	se and Feet From	The East		
	Unit Letter A :			Dia Assetha		
	Line of Section 30 T	ownship 27N Range	5W , NMPM,	Rio Arribacounty		
III.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be sent)		
	Name of Authorized Transporter of C El Paso Natural C		PO Box 990. Farmi	ington, NM 87401		
	Name of Authorized Transporter of C	asinghead Gas or Dry Gas X	Address (Give address to which appro	oved copy of this form is to be sent)		
	El Paso Natural C		PO Box 990, Farmi			
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	nen		
	give location of tanks.	A 30 27N 5W				
	If this production is commingled v	with 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 Resty. Diff. Resty.		
	Designate Type of Complete	ion = (X)	x			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	6-19-73	9-7-73	7759'	7750*		
	Elevations (DF, RKB, RT, GR, etc.,	1	Top XI/Gas Pay			
	6590' GL	Da kota	7542'	7718* Depth Casing Shoe		
	Perforations 75.42' 7610' 764	2',7648', 7681', 7700' and	7734'	7759'		
	7342 , 7010 , 704	TUBING, CASING, AN	D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	13 3/4"	9 5/8"	231'	225 cf		
	8 3/4''	7"	3620'	201 cf		
	6 1/4"	4 1/2"	7759'	tubing		
	The province	TOD ATTOWARTE (Test must be	after recovery of total volume of load of	I and must be equal to or exceed top allow-		
able for this depth or be for full 24 hours)						
	OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
			Casing Pressure	Choke Size		
	Length of Test	Tubing Pressure		KLLLIVEN		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MOF		
	Actual Piba. Builing			SEP 1 4 1973		
				OIL CON COM		
	GAS WELL		Bbis. Condensate/MMCF	Gravity of Condental 3		
	Actual Prod. Test-MCF/D	Length of Test 3 hrs.		5.51. 3		
	4069 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Calc. AOF	2666	2662	3/4"		
W	I. CERTIFICATE OF COMPLIA	NCE	- 11	ATION COMMISSION		
•		I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		1/3, 19		
	I hereby certify that the rules as			y Emery C. Arnold		
	Commission have been complied above is true and complete to	the best of my knowledge and belief.	BY			
			TITLE SUPERVISOR DI	ST. #3		
				This form is to be filed in compliance with RULE 1104.		
	A. G. Buch		11			
	M. H. Dice	ignatwe)	well, this form must be accompanied by a table 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, the proof of the proof of conditions are or number, or transporter, or other such change of conditions.			
	Drilling Clerk					
		(Title)				
	September 13, 1					
		(Date)	Separate Forms C-104 m	ust be filed for each pool in multip!)		
			completed wells.			