1.	DESCRIPTION SANTA FE U.S.G.S. LAND OFFICE I RANSPORTER GAS OPERATOR PRORATION OFFICE	REQUEST	OBTERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL (Form C-104 Supersedes Old C-104 and C-11 Elfective 1-1-65
	Dependent El Paso Natural Gas Address Box 990, Farmington, Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	New Mexico 87401	Fi	
	If change of ownership give name and address of previous owner			
11.	DESCRIPTION OF WELL AND Lease Name San Juan 27-5 Unit Location	Well No. Pool Name, Including F 167 Basin Dakota	State. Federa	E-290-3
		vnship 27N Range	5W , NMPM, Rio	The West Arriba County
111.	Name of Authorized Transporter of Oil or Condensate El Paso Natural Gas Company None of Authorized Transporter of Casinghead Gas or Dry Gas XX Northwest Pipeline Corporation If well produces off or liquids, Unit Sec. Twp. Ege.		Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico 87401 Address (Give address to which approved copy of this form is to be sent) 501 Airport Drive, Farmington New Mexico 87401 Is gas actually connected? When	
IV.	give location of tanks. L 32 27N 5W If this production is commingle! with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'ty. Diff. Res'ty.			
	Designate Type of Comp etio	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	Buckatement
				MAR 5 1974
v.	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test OTHER TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal togother top allowable for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.) DIST. 3			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbla.	Water - Bbls.	Gas - MCF
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

VI. CERTIFICATE OF COMPLIANCE

Drilling Clark

March 4, 19'4 (Date)

Testing Method (pitot, back pr.)

OIL CONSERVATION COMMISSION

Choke Size

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.

Tubing Pressure (Shut-in)

Original Signed by Enery C. Arnold

SUPERVISOR DIST. #3

A G Simon

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.

Casing Pressure (Shut-in)

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...