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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

Operator El Paso Natural Gas Company	
Address PO Box 990, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 27-5 Unit	Well No. 147	Pool Name, including Formation Basin Dakota	Kind of Lease State (Federal or Fee)	Lease No. E-290-3
Location				
Unit Letter <u>A</u> : <u>790</u> Feet From The <u>North</u> Line and <u>840</u> Feet From The <u>East</u>				
Line of Section <u>36</u> Township <u>27N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM 87401				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM 87401				
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 36	Twp. 27N	Rge. 5W	Is gas actually connected? When

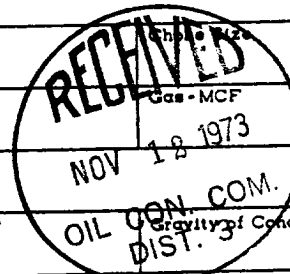
If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 9-3-73	Date Compl. Ready to Prod. 10-31-73	Total Depth 8541'	P.B.T.D. 8533'					
Elevations (DF, RKB, RT, GR, etc.) 7311'GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 8300'	Tubing Depth 8503'					
Perforations 8300', 8322', 8324', 8430', 8436', 8478', 8480' and 8510'			Depth Casing Shoe 8541'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	297'	295 cu. ft.					
8 3/4"	7"	4399'	194 cu. ft.					
6 1/4"	4 1/2"	8541'	636 cu. ft.					
	1 1/2"	8503'	tubing					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.



GAS WELL

Actual Prod. Test-MCF/D 4618	Length of Test 3 hrs.	Bbls. Condensate/MMCF 12	Gravity of Condensate 57.8°
Testing Method (pilot, back pr.) Calc. AOF	Tubing Pressure (Shut-in) 1497	Casing Pressure (Shut-in) 2427	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.

Al. J. Bisco
(Signature)
Drilling Clerk
(Title)
November 12, 1973
(Date)

OIL CONSERVATION COMMISSION
APPROVED NOV 12 1973, 19____
BY Original Signed by Emery C. Arnold
TITLE SUPERVISOR DIST. #3

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.