

DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	/
PRORATION OFFICE	

**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  
 P. O. 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. 68	Pool Name, Including Formation Tapacito P.C.	Kind of Lease State, (Federal) or Fee SF	Lease No. 079527
Location Unit Letter <u>P</u> ; <u>870</u> Feet From The <u>South</u> Line and <u>920</u> Feet From The <u>East</u> Line of Section <u>36</u> Township <u>27 N</u> Range <u>4 W</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) P. O. Box 990, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) 501 Airport Drive, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks. Unit <u>P</u> Sec. <u>36</u> Twp. <u>27 N</u> Rge. <u>4 W</u>	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 11/18/73	Date Compl. Ready to Prod. 6/12/74	Total Depth 4190'		P.B.T.D. 4180'				
Elevations (DF, RKB, RT, GR, etc.) 7253' GL	Name of Producing Formation P. C.	Top <del>xx</del> /Gas Pay 4024		Tubing Depth Tubingless				
Perforations 4024-40, 4066-88						Depth Casing Shoe 4190'		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		140'		118 cu. ft.			
6 3/4"	2 7/8"		4190'		259 cu. ft.			
	Tubingless							

**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

**GAS WELL**

Actual Prod. Test-MCF/D 4651	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Calc. AOF	Tubing Pressure (shut-in) -----	Casing Pressure (shut-in) 991	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.

I. G. Duaco  
 Drilling Clerk  
 June 18, 1974



**OIL CONSERVATION COMMISSION**  
**JUN 20 1974**

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_  
 BY Original Signed by Emery C. Arnold  
**SUPERVISOR DIST. #3**

TITLE \_\_\_\_\_

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.