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	NO. OF COPIES RECEIVED			1	
	DISTRIBUTION		ONSERVATION COMMISSION	Form C+104	
	SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-116 Elfective 1-1-65	
	FILE		AND	•	
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	72	
	LAND OFFICE				
	TRANSPORTER OIL / GAS /				
	OPERATOR /				
1.	PRORATION OFFICE				
	Operator D. D. D. Naturnal C.	og Compony			
	El Paso Natural Gas Company				
	ddress				
PO Box 990, Farmington, NM 87401 Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of:	<u></u>		
	Recompletion	Oil Dry Gas	=	,	
	Change in Ownership	Casinghead Gas Conden	sate		
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.	
	1 01100		1	or/Fee \	
	San Juan 27-5 Unit	t 181 Tapacito Pictu	red Clars		
	Unit Letter E; 1730 Feet From The North Line and 1010 Feet From The West				
	Line of Section 23 Tow	mship 27N Range	5W , ммрм,	Rio Arriba County	
		am are thin his munit CA	e		
III.	DESIGNATION OF TRANSPORT	or Condensate x	Address (Give address to which approve	ed copy of this form is to be sent)	
	Name of Authorized Transporter of Oil		i e		
	El Paso Natural G	as Company Inghead Gas Or Dry Gas X	PO Box 990, Farmi Address (Give address to which approve	ed copy of this form is to be sent)	
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X Northwest Pipeline Corporation		501 Airport Drive, Farmington, NM 87401		
	Northwest riperin	Unit Sec. Twp. Pge.	Is gas actually connected? When		
	If well produces oil or liquids,	1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
If this production is commingled 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 Completio		X		
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded		3497'	34 86'	
	3-26-74	5-21-74 Name of Producing Formation	Top Ot Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.) 6543 GL	Pictured Cliffs	3330'	tubingless	
	Perforations			Depth Casing Shoe	
	3330-46', 3358-70' and 3382-98'			3497'	
	3000 10 , 0000 , .		CEMENTING RECORD		
	100 5 0175	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE SIZE	8 5/8"	115'GL	106 cu. ft.	
	12 1/4'' 6 3/4''	2 7/8"	3497'	224 cu.ft.	
	0 0/ 1	tubingless			
	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 allow				
V.	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 life	, etc.)	
				Lobalia Stea	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
				Gran MGE	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
	Actual Prod. During Test	Oil-Bbls.	Water - Bble.	GGB-MCF	

GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D 3 hrs.
Tubing Pressure(shut-in)
tubingless 1052 Choke Size Casing Pressure (Shut-in) Testing Method (pitot, back pr.)
Calc. AOF 3/4" 1062

BY.

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 m	y knowledge and belief.
d. J. Diese	
(Signature)	
Drilling Clerk	the Committee of the
(Title)	1,000
May 29, 1974	Oly Or
(Date)	

OIL CONSERVATION COMMISSION

JUN 4 - 1974 APPROVED_ Original Signed by A. R. Kendrick

PETROLEUM ENGINEER DIST. NO., 5

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 sllow-able 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.