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OPERATOR			
PROBATION OFFICE		1	

.	DISTRIBUTION  SANTA FE  FILE	REQUEST F	ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C 104 Supersedes Old C-104 and C-110 Elfective 1-1-65			
	U.S.G.3.  LAND OFFICE  TRANSPORTER OIL / GAS /	GAS					
	OPERATOR   PRORATION OFFICE						
1.	Operator El Paso Natural Gas Company  Address PO Box 990, Farmington, NM 87401						
	Reason(s) for filing (Check proper box)		Other (Please explain)				
	New Well Recompletion						
1	Change in Ownership Casinghead Gas Condensate						
	If change of ownership give name and address of previous owner						
H.	SCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No.						
	San Juan 27-5 Unit	172 Tapacito Picture	ed Cliffs Ext. State, (Federa				
	Unit Letter A : 850	Feet From The North Line	and 1150 Feet From				
	Line of Section 34 Tow	nship 27N Range	5W , ммрм,	Rio Arriba County			
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil  or Condensate						
	El Paso Natural Ga	is Company	PO Box 990, Farm	nington, NM 87401			
	Name of Authorized Transporter of Case Northwest Pipeline	e Corporation	Farmington, NM 87401				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. A 34 27N 5W	Is gas actually connected? Wi	nen			
	If this production is commingled with	n that from any other lease or pool,	give commingling order number:				
IV.	Designate Type of Completio	n - (X) Oil Well Gas Well X	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.			
	Date Spudded 3-29-74	Date Compl. Ready to Prod. 5-22-74	Total Depth 3472'	P.B.T.D. 3461'			
	Elevations (DF, RKB, RT, GR, etc.) 6584'GL	Name of Producing Formation Pictured Cliffs	Top OXI/Gas Pay 3328*	Tubing Depth tubingless			
	9384 GL Tretured Graze Perforations 3328-48', 3358-68', 3386-3410'			Depth Casing Shoe 3472'			
	TUBING, CASING, AND CEMENTING RECORD			SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE 8 5/8"	DEPTH SET	106 cu. ft.			
	12 1/4'' 6 3/4''	2 7/8"	3472'	221 cu. ft.			
		tubingless					
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be as	fter recovery of total volume of load oi pth or be for full 24 hours)	l and must be equal to or exceed top allou-			
	OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Florest art) to lift, etc.)						
	Length of Test	Tubing Pressure	Casing Pressy RLULI	Choke Size			
	Actual Prod. During Test	Oil-Bbls.	Water-Bble. JUN 4 197	\			
			OIL CON. CO				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 3/4"			
	Calc. AOF	tubingless	759	ATION COMMISSION			
VI.	CERTIFICATE OF COMPLIAN						
	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.		BYSUPERVISOR DIST: #3				
	1 6 C		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 tester taken on the well in accordance with RULE 111.				
	A. G. Sic. (Sign.	eres)					
	Drilling Clerk	tle)	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				
	May 29, 1974	nie)					
			completed wells.				