		. 1460	i		ı		
	DISTRIBUTIO	ON	· ·	:	1		
	SANTA FE		1	<u> </u>	1	N	EW ME
	FILE		,				
	U.S.G.S.		 		4		7 4 7 1
	LAND OFFICE				AUI	HORE	ZAIII
	TRANSPORTER	OIL	,				
	OPERATOR	GAS		-	1		
1.	PRORATION OF	ICE					
4.	Operator		L	<u> </u>	<u> </u>		
	El Paso	Natu	ral	Ga	as Com	pa ny	
	Address				_		
	P. O. B	ox 99	90,	Fa	rmingt	on,	New
	Reason(s) for filing ('Check p [36]	roper	boxj			
	New We!l	岩			_	e in Tra	nsport
	Recompletion	님			Oil		<u> </u>
	Change in Ownership	<u> </u>			Casing	head G	as
**	If change of owners and address of prev	ious ow	ner_				
11.	DESCRIPTION OF	r WEL	L A.	ND I	Well N	lo.; Poo	Name
	San Juan	27-5	Uni	f	182	1	apa
	Location						. ара
	Unit Letter	G_	: _1	600)Feet F	tom Th	e_N
	Line of Section	23		Town	nship 27	7 N	
					<u> </u>		
111.	DESIGNATION OF	TRA!	SP(ORT Oil	ER OF O	L AN	D NA
	El Paso N	latura	al C	las	Compa	ny	or Dry
	Name of Authorized T						or Dry
					Unit S	ec.	Twp.
	If well produces cil o give location of tanks	r Hquids	,			2 3	27
IV.	If this production is COMPLETION DA	commin	gled	with			
	Designate Type		mple	tion		Oil We	-11
	Date Spudded				Date Compl.	Ready	to Pro

(Date)

EXICO OIL CONSERVATION COMMISSION

	SANTA FE	REQUEST FOR ALLOWABLE Form C-104 Supersedes Old C-104 and C-1										
	FILE U.S.G.S.	-	AND Effective 1-1-65									
	LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS											
	TRANSPORTER OIL											
	GAS											
	PRORATION OFFICE											
1.	Operator											
	El Paso Natural	Gas	Company	,								
	P. O. Box 990, Farmington, New Mexico 87401											
	Reason(s) for filing (Check proper box) Other (Please explain)											
	New Well											
	Recompletion Oil Dry Gas Condensate Condensate											
	change of ownership give name nd address of previous owner											
••	DECEMBERATION OF HERE											
11.	Lease Name	ND LE		ol Name, Including F	Formation	Kind of Lease		Lease No.				
	San Juan 27-5 Unit 182 Tapacito Pi			Γapacito Pic	tured Cliffs	State, Federal)or Fee SF	1 -				
	Location			N T	1.7.0							
	Unit Letter G; I	Unit Letter G: 1600 Feet From The North Line and 1500 Feet From The East										
	Line of Section 23	Towns	hip 27 N	Range 5	W , NMPM	, Rio A	rriba	County				
								· · · · · · · · · · · · · · · · · · ·				
111.	DESIGNATION OF TRANSPORTER OF Authorized Transporter of	OHTE	R OF OIL AND or Conde	D NATURAL GA	Address (Give address	to which approv	ed copy of this form is t	o be sent)				
	El Paso Natural C				P. O. Box 990, Farmington, New Mexico							
	Name of Authorized Transporter of Casinghead Gas or Dry Gas				Address (Give address to which approved copy of this form is to be sent)							
	Northwest Pipelin		orporation	Twp. Ege.	501 Airport D	rive, Fa	rmington, New	<u>Mexico</u>				
	If well produces oil or liquids, give location of tanks.		G 23	27N 5W	, , , ,		•					
	If this production is commingled	with t	hat from any oti	her lease or pool,	give commingling order	number:		b				
IV.	COMPLETION DATA		Oil We	ell Gas Well	New Well Workover	Deepen	Plug Back Same Res	'v. Diff. Res'v.				
	Designate Type of Completion - (X)			x	1	!						
	Date Spudded			to Prod.	Total Depth		P.B.T.D.					
	3/26/74 Elevations (DF, RKB, RT, GR, etc.	. No	6/11/74	Formation	Top %1/Gas Pay	525	3514 Tubing Depth					
	6551' GL P. C.					3581	Tubingless					
	Perforations						Depth Casing Shoe					
	3358-70; 3396-342	TUBII	NG. CASING. AND	CEMENTING RECOR	D	3525						
	HOLE SIZE		CASING & T	UBING SIZE	DEPTH SE	ΣT	SACKS CEM					
	12 1/4"		8 5/8"		116' GL		106 cu. ft.					
	6 3/4"		2 7/8" Tubingles	S	35251		235 cu. 1	it.				
V.	TEST DATA AND REQUEST	FOR	ALLOWABLE		fter recovery of total volu		nd must be equal to or e	xceed top allow-				
i	OII, WELL Date First New Oil Run To Tanks	De	rte of Test	dote for this de	pth or be for full 24 hours Producing Method (Flow		, etc.)					
	Length of Test	Tubing Pressure			Casing Pressure		Choke Size					
	Actual Prod. During Test	01	i-Bbis.		Water - Bbls.		Gas-MCF					
	CAC WELL											
ſ	GAS WELL Actual Prod. Test-MCF/D Length of Test				Bbls. Condensate/MMCF	-	Gravity of Condensate					
į	873		3 hours									
	Calc. AOF	Tu	bing Pressure (S	hut-in)	Casing Pressure (Shut- 1080	·in)	Choke Size 3/4'1					
vi	CERTIFICATE OF COMPLIA	NCE			1	ONSERVAT	LION COMMISSION					
V1.	CERTIFICATE OF COMPLIA	MCE			1		- JUN 2 () 1974	ŧ				
	I hereby certify that the rules an Commission have been complied	lations of the C	il Conservation	Original Signed by Emery C. Arnold								
,	shove is true and complete to	and that the in	belief.	BY								
	CEL-HIVE N				TITLE SUPERVISOR DIST. #3							
	n Or D.	/ KILLIVED			This form is to be filed in compliance with RULE 1104.							
_	D. G. Brid		-2 n 100 4	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 allow-								
	ري Drilling Clerk	j,	2014									
-		Title)	\our c	CON. COM	All sections of able on new and rec	this form must completed well	t be filled out complete.	ely for silow-				
	Tune 17 1974		7 /	DIST. 3	J		III and VI for chan	res of owner.				

All sections of this form must be filled out completely for shows able on new and recompleted wells.

Fith 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.