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TRANSPORTER	OIL /	
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PRODUCTION 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

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 <u>San Juan 27-5 Unit</u>	Well No. <u>179</u>	Pool Name, Including Formation <u>Tapacito Pictured Cliffs</u>	Kind of Lease State, (Federal) or Fee <u>SF</u>	Lease No. <u>079392</u>
Location				
Unit Letter <u>I</u> ; <u>1600</u> Feet From The <u>South</u> Line and <u>1180</u> Feet From The <u>East</u>				
Line of Section <u>17</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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>PO Box 990, Farmington, NM 87401</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>PO Box 990, Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>I 17 27N 5W</u>

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.
		<u>X</u>	<u>X</u>					
Date Spudded <u>3-6-74</u>	Date Compl. Ready to Prod. <u>5-22-74</u>	Total Depth <u>3369'</u>	P.B.T.D. <u>3359'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>6462'GL</u>	Name of Producing Formation <u>Pictured Cliffs</u>	Top Oil/Gas Pay <u>3250'</u>	Tubing Depth <u>tubingless</u>					
Perforations <u>3250-70'</u>			Depth Casing Shoe <u>3369'</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>129'GL</u>	<u>165 cu. ft.</u>					
<u>6 3/4"</u>	<u>2 7/8"</u>	<u>3369'</u>	<u>247 cu. ft.</u>					
	<u>tubingless</u>							

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 (P, W, G, etc.)
Length of Test	Tubing Pressure	Casing Pressure (Shut-in) Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls. Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D <u>1549</u>	Length of Test <u>3 hrs.</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <u>Calc. AOF</u>	Tubing Pressure (Shut-in) <u>tubingless</u>	Casing Pressure (Shut-in) <u>909</u>	Choke Size <u>3/4"</u>

