HO. OF COPIES RECEIVED		5		
DISTRIBUTION				
SANTA FE		1		
FILE		1		
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL	$\Box T$		
	GAS			
OPERATOR		1		
2000471011055165		T	Ι	

NEW MEXICO OIL CONSERVATION COMMISSION

	SANTA FE	REQUEST	FOR ALLOWABLE		Supersedes Old C-104 and C-116 Effective 1-1-65				
	U.S.G.S.	411711001747101170 704	AND THORIZATION TO TRANSPORT OIL AND NATURAL GA		100				
	LAND OFFICE	AUTHURIZATION TO TRA	NSPURT UIL AND N	ATURAL GAS					
	OIL 7								
	TRANSPORTER GAS								
	OPERATOR ,								
ı.	PRORATION OFFICE								
	Operator El Paso Natural Gas Com	npany		·					
	Address D. O. Poyr 000 Formings								
	P. O. Box 990, Farming the Reason(s) for filing (Check proper box)		Other (Please	explain)					
	New Well	Change in Transporter of:		,					
	Recompletion	OII Dry Ga	s 🔲						
	Change in Ownership	Casinghead Gas Conden	sate						
	If change of ownership give name and address of previous owner								
	·								
11.	DESCRIPTION OF WELL AND	LEASE. Well No. Pool Name, Including Fo	ormation	Kind of Lease	Lease No.				
	San Juan 27-4 Unit	94 Basin Dakota		State, (Federal) or Fee	SF080668				
	Location	1 34 Dasili Dakuta							
		Feet From The S Lin	• and 950	Feet From The	W				
	Unit Letter M : 454	Peet Floid TheEm		_ ,	<u></u>				
	Line of Section 3	waship 27N Range	4W , NMPM,	Rio Arrib	a County				
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S	s which approved conv	of this form is to be sent)				
	Name of Authorized Transporter of Oi.		Address (Give address t	o watch approved copy	of this form is to be sent;				
	El Paso Natural Gas Com	ipany singhead Gas or Dry Gas X	P. O. Box 990	Farmington N	of this form is to be sent)				
	Northwest Pipeline Com		P. O. Box 90,						
	<u> </u>	Unit Sec. Twp. Rge.	Is gas actually connecte		M 0/4U1				
	If well produces oil or liquids, give location of tanks.	M 3 27N 4W		i					
		th that from any other lease or pool,	give commingling order	number:					
IV.	COMPLETION DATA	th that from any other reads of poor,							
	Designate Type of Completic	Oil Well Gas Well	New Well Workcver	Deepen Plug E	Back Same Resty. Diff. Resty.				
		i A	X 1	P.B.T					
	Date Spudded 11-18-74	Date Compl. Ready to Prod. 01-17-75	8138'	813					
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top CXI/Gas Pay		g Depth				
	6806' GL	Dakota	7922'	806	4				
	Perforations 7922', 7987', 8013', 8068', 8072'		i		Depth Casing Shoe 8138'				
		TUBING, CASING, AND	CEMENTING RECOR	D					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CEMENT				
	13 3/4"	9 4/8"	204'		<u>cu. ft.</u>				
	8 3/4"	4 1/2"	4044' 8138'		cu. ft.				
	0 1/4	1 1/2"	8064'		ing				
	THE DATE AND DECLIFER F	1_2			G				
V.	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 able for this depth or be for full 24 hours)								
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flou	, pump, gas lift, etc.)					
				1011					
	Length of Test	Tubing Pressure	Casing Pressure	Choke	: Pize				
			Water - Bbls.	Gas -1	MCF				
	Actual Prod. During Test	Oil-Bble							
		COM	}						
	GAS WELL	Length of Tet Oil DIST 3 hours Tubing Pressure (Shut-in)	/						
	Actual Prod. Test-MCF/D	Length of Tet	Bbis. Condensate/MMC	F Gravi	ty of Condensate				
	1349	3 hours On Old							
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in) Choke	Size				
	Calc. A.O.F.	989	2251	3/4					
VI.	CERTIFICATE OF COMPLIANCE		OIL (OIL CONSERVATION COMMISSION					
			APPROVED FFB 19						
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.			APPROVED						
			By Original						
		TITLE SUPERVIDE:							
		11166							
	M. H. Drices (Sign	This form is to be filed in compliance with QULE 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							
	W. J.J. Bucco								
Drilling Clerk			tests taken on the	tests taken on the well in accordance with RULE 111.					

(Title)

(Date)

January 27, 1975

All sections of this form must be filled out completely for silow-sble 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.