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	GAS	/
OPERATOR		
PRORATION 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 El Paso Natural Gas Company	
Address P. O. 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 San Juan 27-4 Unit	Well No. 74	Pool Name, Including Formation Tapacito PC Ext	Kind of Lease State, (Federal) or Fee	Lease No. SF080669
Location				
Unit Letter P	810	Feet From The S	Line and 1125	Feet From The E
Line of Section 17	Township 27N	Range 4W	, NMPM, Rio Arriba 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)	
El Paso Natural Gas Company	P. O. Box 990, Farmington, NM 87401	
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)	
Northwest Pipeline Corporation	P. O. Box 90, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 17
	Twp. 27N	Rge. 4W
	Is gas actually connected? When	

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.
		X	X					
Date Spudded 11-05-74	Date Compl. Ready to Prod. 01-02-75	Total Depth 4241'	P.B.T.D. 4230'					
Elevations (DF, RKB, RT, GR, etc.) 7175' GL	Name of Producing Formation Pictured Cliffs	Top <input checked="" type="checkbox"/> Gas Pay 4062	Tubing Depth Tubingless					
Perforations 4062-72', 4106-14'	Depth Casing Shoe 4241'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	332'	256 cu. ft.					
7 7/8" and 6 3/4"	2 7/8"	4241'	243 cu. ft.					
	Tubingless							

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 (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 590	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Calc. A. O. F.	Tubing Pressure (shut-in)	Casing Pressure (shut-in) 797	Choke Size 3/4"

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 my knowledge and belief.

D. B. Davis
(Signature)
Drilling Clerk
(Title)
January 9, 1975
(Date)

OIL CONSERVATION COMMISSION

JAN 22 1974

APPROVED

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #3

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 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 completed wells.

EL PASO NATURAL GAS COMPANY

DEVIATION REPORT

Name Of Company El Paso Natural Gas Company				Address P. O. Box 990, Farmington, NM 87401			
Lease San Juan 27-4 Unit		Well No. 74	Unit Letter P	Section 17	Township 27N	Range 4W	
Pool Tapacito PC Ext					County Rio Arriba		

DEPTH

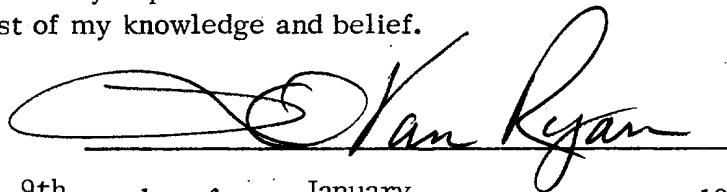
1002'
1578'
2268'
2819'
3656'
4000'

DEVIATION


1/4°
1/4°
1/2°
1/2°
3/4°
1/2°



I, the undersigned, certify that I, acting in my capacity as Petroleum Engineer of El Paso Natural Gas Company, am authorized by said Company to make this report; and that this report was prepared by me or under my supervision and directions and that the facts stated therein are true to the best of my knowledge and belief.



Subscribed and sworn to before me this 9th day of January, 1975.


Notary Public in and for San Juan County, New Mexico

My commission expires October 5, 1976.