	DISTRIBUTION S		CONSERVATION COMMISSION	
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Effective 1-1-65
	TRANSPORTER GAS /			
1.	PROPATION OFFICE	<u> </u>		
	El Paso Natural Gas	Company		
	P. O. Box 990, Farmington, New Mexico 87401			
	Reason(s) for filing (Check proper box) Other (Please explain)			
	Recompletion Change in Ownership	Change in Transporter of: Oil Dry C Casinghead Gas Cond	Gas ensate	
	If change of ownership give name and address of previous owner			
11.	DESCRIPTION OF WELL AND			
	San Juan 27-4 Unit	Well No. Pool Name, Including 114 Tapacito Pi		leral or Fee Lease No. SF080670
	Unit Letter I ; 14	75 Feet From The South Li	ine and 950 Feet Fro	om The East
	Line of Section 29 To	ownship 27-N Range	4-W , NMFM, Ric	o Arriba County
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate X Aidress (Give address to which approved copy of this form is to be sent)			
	El Paso Natural Gas	Company	P. O. Box 990, Farm	ington, New Mexico 87401
	Name of Authorized Transporter of Co Northwest Pipeline Co	A-	Address (Give address to which ap P. O. Box 90, Farmin	proved copy of this form is to be sent) ngton. New Mexico 87401
	If well produces oil or liquids, que location of tanks. Unit Sec. Twp. Pge. Is gas actually connected? When Give location of tanks. I 29 27-N 4-W			
IV.	If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:	
	Designate Type of Completi	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff, Res'v.
	Date Spudded 7 - 21 - 76	Date Compl. Ready to Prod	Total Depth 4196'	P.B.T.D. 4186'
		Name of Producing Formation	Top##Z/Ods Pay	Tubing Depth.
	Perforations	Pictured Cliffs , 4097', 4109', 4115', 4	<u> </u>	Tubingless Depth Casing Shoe
i	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"	DEPTH SET	SACKS CEMENT
	6 3/4"	2 7/8"	125' 4196'	105 cu. ft. 210 cu. ft.
		Tubingless	,	210 cu. 1c.
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a pla for this d	ifter recovery of total volume of load of epth or be for full 24 hours)	oil and must be equal to or exceed top allow-
	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.	Gan - MCF
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ſ	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
-	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
[<u> </u>	1028	
¥1.	CERTIFICATE OF COMPLIAN	CE		ATION COMMISSION
1	Commission have been complied	regulations of the Oil Conservation with and that the information given a best of my knowledge and belief.	APPROVED	
			TITLE	
	D. G. Sus	CO ature)	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	
_	Drilling Clerk November 12, 1976		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,	
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_	(De	ate)	well name or number, or transporter, or other such change of condition.	