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SANTA FE		/		
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U.S.G.S.			L	
LAND OFFICE				
TRANSPORTER	OIL	1		
	GAS	1	<u></u>	
OPERATOR		1		
			1	

January 27, 1975

(Date)

	DISTRIBUTION		ONSERVATION COMMISSION	Form C-104	
	SANTA FE /	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
	FILE /		AND	A C	
	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL GA	45	
	LAND OFFICE				
	TRANSPORTER GAS /				
-	OPERATOR /		•		
1.	PRORATION OFFICE				
•	Operator				
1	El Paso Natural Gas Company				
Ī	P. O. Box 990, Farmington, NM 87401				
	Reason(s) for filing (Check proper box)				
	New Well	Change in Transporter of:			
	Recompletion	Oil Dry Gas	s 🔲		
. !	Change in Ownership	Casinghead Gas Conden	sate		
	If change of ownership give name and address of previous owner			•	
H.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of Lease	- I	
	San Juan 27-4 Unit	126 Tapacito PC	State Enderel	)r Fee SF080669	
	Location				
	L 168	SO Feet From The S Lin	e and 1190 Feet From T	`he	
	Unit Letter;				
	Line of Section 20 Tow	mship 27N Range	4W , NMPM, Rio	Arriba County	
		or or AND NATURAL CA	S		
Ш.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which approx	ed copy of this form is to be sent)	
	T .	<del></del> .,	P. O. Box 990 Farmin Address (Give address to which approx	gton, NM 87401	
	El Paso Natural Gas Com	inghead Gas or Dry Gas X	Address (Give address to which approv	Raccopf of this form is to be sent)	
	Northwest Pipeline Corp		P. O. Box 90 Farming	ton, NM 87401	
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	F11	
	give location of tanks.	L 20 27N 4W			
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.	
	Designate Type of Completic	on = (X)	X		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	10-21-74	01-16-75	61631 Top OX/Gas Pay	6147 Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	•	3829 '	
	6858' GL	Pictured Cliffs	3752	Depth Casing Shoe	
	Perforations 2770-761 378	3784-90! 3804-14!		6163'	
	3/32-00 , 3//0-70 , 3/0	52-60', 3770-76', 3784-90', 3804-14'  TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	13 3/4"	9 5/8''	148'	225 cu. ft.	
	8 3/4"	7''	4084'	↓ 196 cu. ft.	
	6 1/4''	4 1/2" liner	3952-6163'		
		1 1/4"	38291	Tubing	
V	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 all able for this depth or be for full 24 hours)				
	OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				
	Length of Test	Tubing Pressure	Caling Pressure	Choke Size	
			Wester-Able.	Gas - MCF	
	Actual Prod. During Test	Oil-Bbls.	A(n) 1		
		JAN SO			
		c Mar	a. % /		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bhis. Condensate/MMCF	Gravity of Condensate	
	1250	3 hours	学/		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Calc. A.O.F.		1055	3/4"	
VI	L CERTIFICATE OF COMPLIAN	iCE	li -	ATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation  APPROVED  APPROVED  Outside State of Control Control Conservation (Control Control Co				
	Commission have been compiled with and that the wilder and belief		. M.		
	above is true and complete to the best of my knowledge and believ.  TITLE		SUPERV1500		
	4 2	This form is to be filed in compliance with RULE 1104.			
	1 1 1 Bill		ii a a a selection of delined or deepensor		
	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviation of the deviation of the deviation of the deviation of the well in accordance with RULE 111.				
	Drilling Clark				
	(Title) All sections of the section of the sec				

able 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.