

DISTRIBUTION	
SANITARY	/
FILE	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	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-105
Effective 1-1-65

I.

Operator El Paso Natural Gas Company	
Address P. O. Box 990, Farmington, N.M. 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"/>

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. 16A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, (Federal) or Fee	Lease No. SH080669
Location				
Unit Letter <u>D</u> ; <u>850</u> Feet From The <u>North</u> Line and <u>850</u> Feet From The <u>West</u>				
Line <u>17</u> Township <u>27-N</u> Range <u>4-W</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)
El Paso Natural Gas Company	P.O. Box 990, Farmington, N.M. 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, N.M. 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. D 17 27-N 4-W
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.	Diff. Res.
		X	X					
Date Spudded 05-23-77	Date Compl. Ready to Prod. 07-28-77	Total Depth 6110'	P.B.T.D. 6093'					
Elevations (DF, RKB, RT, GR, etc.) 6665' GR	Name of Producing Formation Mesa Verde	Top Gas Pay 5207'	Tubing Depth 6076'					
Perforations 5207-12, 5290-97, 5316-22, 5332-42, 5418-34, 5480-90, 5568-84, 5642-48, 5707-30, 5753-59, 5775-85, 5796-5800, 5817-23, 5833-37, 5853- 57, 5932-38, 5955-61, 5983-93, 6020-30, 6062-72'			Depth Casing Shoe 6110'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	220'	224 cf					
8 3/4"	7"	3892'	210 cf					
6 1/4"	4 1/2" liner	3744-6110'	415 cf					
	2 3/8"	6076'	tbq.					

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 all able 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 5291	Length of Test 3 hours	Bbls. Condensate 13	Gravity of Condensate 63°
Testing Method (pitot, back pr.) Calc AOF	Tubing Pressure (shut-in) 1062	Casing Pressure (shut-in) ---	Choke Size 3/4" variable

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. G. Suarez
(Signature)
Drilling Clerk
(Title)
August 11, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Original Signed by A. R. Kendrick
TITLE SUPERVISOR DIST. 13

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 deviated 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 conditions.