

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-70REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
LOCATION	
LAND AREA	
FILE	
DATE	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

El Paso Natural Gas Company

Address
P.O. Box 289, Farmington, NM 87401

Reason(s) for filing (check proper box)

New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
San Juan 27-4 Unit	99A	Tap. Pic. Cliffs Ext.	State, Federal or Fee SF	080674
Location				
Unit Letter	C	810 Feet From The	North Line and	1835 Feet From The
Line of Section	16	Township	27-N	Range
			4-W	NMPM, Rio Arriba
				County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P.O. Box 289, Farmington, NM					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
Northwest Pipeline Corp.	P.O. Box 90, Farmington, NM					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	16	27-N	4-W		

If this production is commingled with that from any other lease or pool, give commingling order number:

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
8-9-80	12-1-80	6686'	6668'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Gas Pay	Tubing Depth					
7138' GL	Pic. Cliffs	3996'	4048'					
3966, 3972, 4014, 4020, 4025, 4030, 4049, 5054, 5058, 5080, 5085, 5090'			Depth Casing Shoe					
			6686'					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	288'	802 cu. ft.					
8 3/4"	7"	4409'	231 cu. ft.					
6 1/4"	4 1/2" liner	4266-6686'	480 cu. ft.					
	1 1/4"	4048'						

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 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 WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2974	3 hrs.		
Testing Method (pilot, back-pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Calc. A.O.F.	1040	1040	3/4 variable

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



Drilling Clerk

(Signature)

(Date)

1-7-80

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 14 1981

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT 3

TITLE

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 re-completed 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.