

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
PHIL	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

Operator El Paso Natural Gas Company	
Address P.O. Box 289, Farmington, NM 87401	
Reason(s) for filing (check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 27-5 Unit	Well No. 105E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee SF	Lease No. 079491
Location Unit Letter <u>0</u> : <u>1190</u> Feet From The <u>South</u> Line and <u>1740</u> Feet From The <u>East</u> Line of Section <u>11</u> Township <u>27-N</u> Range <u>5-W</u> , NMPM, Rio Arriba County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Northwest Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90, Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 289, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 11	Twp. 27-N	Rge. 5-W	Is gas actually connected? <input type="checkbox"/>	When

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 9-27-80	Date Compl. Ready to Prod. 6-3-81		Total Depth 8702'		P.B.T.D. 8695'			
Elevations (DF, RKB, RT, GR, etc.) 7430' GL	Name of Producing Formation Dakota		Top of Gas Pay 8470'		Tubing Depth 8640'			
					Depth Casing Shoe 8702'			

8470, 8478, 8486, 8493, 8588, 8594, 8600, 8649, 8657, 8663, 8670, 8678'

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	339'	325 cf.
8 3/4"	7"	4602'	298 cf.
6 1/4"	4 1/2"	8702'	625 cf.
	1 1/2"	8640	

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)

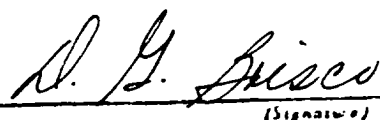
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - Bbls.

## GAS WELL

Actual Prod. Test - MCF/D 646	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in) 2360	Casing Pressure (shut-in) 2315	Choke Size

## 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.

  
(Signature)

Drilling Clerk

June 16, 1981

(Title)

(Date)

## OIL CONSERVATION DIVISION

APPROVED

Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR DISTRICT # 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