

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
JAN 26 1984
OIL CON. DIV.
DIST. 3

I.

| | |
|---|---|
| Operator El Paso Natural Gas | |
| Address Box 4289, Farmington, New Mexico, 87499 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership | Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate |

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|-----------------|---|---|------------------------|
| Lease Name San Juan 27-5 Unit | Well No. 196 | Pool Name, including Formation Blanco Mesa Verde | Kind of Lease State, Federal condensate | Lease No. SF 079403 |
| Location Unit Letter <u>L</u> : <u>1900</u> Feet From The <u>South</u> Line and <u>888</u> Feet From The <u>West</u> Line of Section <u>15</u> Township <u>27N</u> Range <u>5W</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 | Box 4289, Farmington, New Mexico, 87499 |
| 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 | Box 90, Farmington, New Mexico, 87401 |
| If well produces oil or liquids, give location of tanks. | Is gas actually connected? When |
| Unit <u>L</u> Sec. <u>15</u> Twp. <u>27N</u> Rge. <u>5W</u> | |

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

D. G. Buico

(Signature)

Drilling Clerk

(Title)

January 20, 1984

(Date)

1-27-84 OIL CONSERVATION DIVISION
JAN 27 1984
APPROVED
BY 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 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 condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

IV. 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 12-19-83 | Date Compl. Ready to Prod. 1-12-84 | | Total Depth 6115' | | | P.B.T.D. 6085' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6691' GL | Name of Producing Formation Mesa Verde | | Top Oil/Gas Pay 4468 | | | Tubing Depth 6051' | | | |
| Perforations 5689, 5698, 5707, 5713, 5721, 5729, 5745, 5762, 5787, 5799, 5805, 5812, 5832, 5840, 5850, 5908, 5952, 6015, 6024, 6037, 6058, w/1 Spz, 5805, 5072, 5171, 5181, 5189, 5196, 5215, 5223, 5240, 5255, 5264, 5308, 5320, 5396, 5422, 5432, 5454, 5496, * TUBING, CASING, AND CEMENTING RECORD | | | | | | Depth Casing Shoe 6115 | | | |
| HOLE SIZE | | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 13 3/4" | | 9 5/8" | | 213' | | 130 cu. ft. | | | |
| 8 3/4" | | 7" | | 3795' | | 278 cu. ft. | | | |
| 6 1/4" | | 4 1/2" Liner | | 3639' - 6102' | | 424 cu. ft. | | | |
| | | 2 3/8" | | 6051' | | | | | |

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 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 - MCF |

GAS WELL

| | | | |
|----------------------------------|----------------------------------|-----------------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test Shut In 7 days | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) 512 | Casing Pressure (Shut-in) 1000 | Choke Size |

* w/1 Spz; 4468, 4497, 4503, 4510, 4520, 4527, 4551, 4558, 4640, 4652, 4664, 4704, w/1 Spz.