

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
El Paso Natural Gas Company

Address
P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain)

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. 45A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee Federal	Lease No. SF 07939
Location Unit Letter <u>C</u> : <u>1190</u> Feet From The <u>North</u> Line and <u>2040</u> Feet From The <u>West</u> Line of Section <u>6</u> Township <u>27N</u> Range <u>5W</u> , NMPM, Rio Arriba 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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499
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 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks. Unit <u>C</u> Sec. <u>6</u> Twp. <u>27N</u> Rge. <u>5W</u>	Is gas actually connected? <u>NO</u> When

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.


(Signature)
Drilling Clerk
(Title)
7-16-85
(Date)

OIL CONSERVATION DIVISION
APPROVED 7-16-85 JUL 26 1985
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 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 5-26-85	Date Compl. Ready to Prod. 6-27-85		Total Depth 5930'			P.B.T.D. 5911'			
Elevations (DF, RKB, RT, GR, etc.) 6489' GL	Name of Producing Formation Blanco Mesa Verde		Top Oil/Gas Pay 4202			Tubing Depth 5859'			
Perforations 1st stage 5649, 5679, 5703, 5713, 5729, 5762, 5770, 5787, 5796, 5809, 5847, 5855, 5859 w/1 SPZ. 2nd stage 5481, 5486, 5491, 5496, 5501, (See Attachment-Perforations)						Depth Casing Shoe 5930'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
13 3/4"	9 5/8"		233 231			142 cu ft			
8 3/4"	7"		3608 3406			286 cu ft			
6 1/4"	4 1/2" Liner		3449-5930 5928			464 cu ft			
	2 3/8" Thg.		5859						

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 3220	Length of Test 3 Hrs.	Bbls. Condensate/MMCF 443 MCF	Gravity of Condensate
Testing Method (psol, back pr.) Back Pressure	Tubing Pressure (Shut-In) 743	Casing Pressure (Shut-In) 886	Choke Size 3/4"

SAN JUAN 27-5 UNIT 45A
OIL CONSERVATION DIVISION
PERFORATIONS CONTINUED:

2nd stage conti. - 5506, 5519, 5524, 5536, 5541, 5546, 5561, 5576, 5581,
5597, 5605, 5612 w/1 SPZ.

3rd stage - 4969, 4973, 4977, 4994, 5005, 5022, 5043, 5047, 5057, 5062,
5067, 5072, 5077, 5082, 5087, 5101, 5106, 5111, 5116, 5225,
5230, 5235 w/1 SPZ.

4th stage - 4202, 4246, 4670, 4280, 4294, 4329, 4332, 4425, 4429 w/1 SPZ.