

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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  
Page 1

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)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	SEP 05 1985
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	OIL CON. DIV.
	<input type="checkbox"/> Dry Gas	DIST. 3
	<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. 117E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. SF 079403
Location				
Unit Letter <u>C</u> ; <u>1175</u> Feet From The <u>North</u> Line and <u>1570</u> Feet From The <u>West</u>				
Line of Section <u>22</u> Township <u>27N</u> Range <u>5W</u> , NMPM, Rio Arriba County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

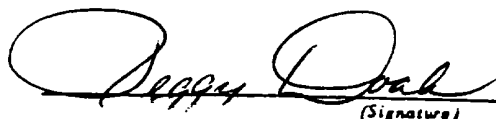
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <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 Corporation	P. O. Box 90, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>C</u> Sec. <u>22</u> Twp. <u>27N</u> Rge. <u>5W</u>	No

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)

9-3-85

(Date)

OIL CONSERVATION DIVISION

APPROVED

SEP 09 1985

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 deeper 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 all wells 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

W. COMPLETION DATA									
Designate Type of Completion – (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
			X	X					
Date Spudded 6-12-85	Date Compl. Ready to Prod. 8-30-85			Total Depth 7795'			P.B.T.D. 7783'		
Elevations (DF, RKB, RT, GR, etc.) 6561' GL	Name of Producing Formation Basin Dakota			Top Oil/Gas Pay 7535'			Tubing Depth 7730'		
Perforations 7535, 7538, 7541, 7544, 7547, 7549, 7551, 7553, 7556, 7559, 5781, 7588, 7663, 7667, 7672, 7676, 7717, 7722, 7732, 7747 w/1 SPZ							Depth Casing Shoe 7795'		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT		
12 1/4"		9 5/8"			227'		130 cu ft		
8 3/4"		7"			3612'		272 cu ft		
6 1/4"		4 1/2"			7795'		643 cu ft		
		1 1/2"			7730'				

#### 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 1577	Length of Test 3 Hrs.	Bbls. Condensate/MMCF 242 MCF	Gravity of Condensate 0
Testing Method (plug, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1907	Casing Pressure (Shut-in) 2040	Choke Size 3/4"