

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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
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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)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)

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OIL CON. DIV.
DIST. 3

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lessee Name San Juan 27-5 Unit	Well No. 67A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, (Federal) or Fee	Lease SF 079367
Location				
Unit Letter <u>J</u> ; <u>1730</u> Feet From The <u>South</u> Line and <u>1880</u> Feet From The <u>East</u>				
Line of Section <u>31</u> Township <u>27N</u> Range <u>5W</u> NMPM. Rio Arriba Cour				

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)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
Unit <u>J</u> Sec. <u>31</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.

David L. Lurvey
(Signature)
Drilling Clerk
(Title)
10-17-85
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 06 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 deep well, this form must be accompanied by a tabulation of the device 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 name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filled for each pool in multicompleted wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
			X	X					
Date Spudded 6-20-85	Date Compl. Ready to Prod. 10-16-85			Total Depth 5810'		P.B.T.D. 5793'			
Elevations (DF, RKB, RT, GR, etc.) 6508' GL	Name of Producing Formation Blanco Mesa Verde			Top Oil/Gas Pay 4816'		Tubing Depth 5693'			
Perforations 5490, 5504, 5533, 5561, 5613, 5632, 5653, 5672, 5703, w/1 SPZ. 2nd						Depth Casing Shoe 5809'			

* Continued Perf's Listed Below TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8"	223'	130 cu ft
8 3/4"	7"	3525'	456 cu ft
6 1/4"	4 1/2" Liner	3376-5809'	429 cu ft
	2 3/8"	5693'	

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 of oil well)

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 SI 7 Days	Bble. Condensate/MACF	Gravity of Condensate
Testing Method (plug, back pr.)	Tubing Pressure (Shut-In) 432	Casing Pressure (Shut-In) 651	Choke Size

* Continued Perf's:

stage 5376, 5379, 5382, 5385, 5388, 5391, 5400, 5403, 5406, 5409, 5412, 5422 (Breakdown)
5176, 5201, 5219, 5234, 5239, 5254, 5303, 5439, 5442, 5445, 5453, 5457 w/1 SPZ. 3rd
stage 4816, 4827, 4847, 4855, 4862, 4880, 4888, 4894, 4901, 4908, 4922, 4932, 5012, 5018,
5030, 5049, 5055, 5077, 5084, 5119, 5131 w/1 SPZ.