

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

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

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	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

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

RECEIVED
AUG 30 1985
OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 27-4 Unit	Well No. 153	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, (Federal) or Fee	Lease No. SF 080671A
Location Unit Letter <u>C</u> : <u>800</u> Feet From The <u>North</u> Line and <u>1480</u> Feet From The <u>West</u> Line of Section <u>2</u> Township <u>27N</u> Range <u>4W</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"/> Northwest Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 90, Farmington, NM 87499
If well produces oil or liquids, give location of tanks. Unit <u>C</u> Sec. <u>2</u> Twp. <u>27N</u> Rge. <u>4W</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.

Peggy Dosh
(Signature)
Drilling Clerk
(Title)
8-29-85
(Date)

OIL CONSERVATION DIVISION
APPROVED SEP 05 1985
Original Signed by FRANK T. CHAVEZ
BY _____
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 deviat tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condit:
Separate Forms C-104 must be filed for each pool in multi-completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well X	New well X	Workover	Deepen	Plug Back	Same Res'v.	Drill Res.
Date Spudded 5-29-85	Date Compl. Ready to Prod. 8-22-85	Total Depth 6830'			P.B.T.D. 6810'				
Elevations (DF, RKB, RT, GR, etc.) 7303' GL	Name of Producing Formation Blanco Mesa Verde		Top Oil/Gas Pay 6016'			Tubing Depth 6734'			
Perforations 6641, 6643, 6664, 6666, 6669, 6671, 6738, 6740, 6768, 6770, w/1 SPZ. 2nd stage 6385, 6397, 6401, 6405, 6410, 6414, 6418, 6436, 6439, 6442,						Depth Casing Shoe 6830'			
* Conti. Perf's Listed Below TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8"		238'		142 cu ft			
8 3/4"		7"		4544'		313 cu ft			
6 1/4"		4 1/2"		4363-6830'		416 cu ft			
		2 3/8"		6734'					

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 all able 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 3075	Length of Test 3 Hrs.	Bbls. Condensate/MCF 419 MCF	Gravity of Condensate 0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 1041	Casing Pressure (shut-in) 1135	Choke Size 3/4"

*Conti. Perf's:

6446, 6450, 6454, 6466, 6469, 6486, 6493, 6496, 6517, 6533 w/1 SPZ. 3rd stage 6016, 6032, 6034, 6036, 6061, 6129, 6131, 6242, 6245, 6248, w/1 SPZ.