

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

| | | |
|------------------------|-----|--|
| NO. OF COPIES RECEIVED | | |
| DISTRIBUTION | | |
| SANTA FE | | |
| FILE | | |
| U.S.G.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 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) | 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 |

RECEIVED
AUG 16 1985
OIL CON. DIV
DIST. 3

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|----------------------------------|-----------------|---|--|------------------------|
| Lease Name San Juan 27-4 Unit | Well No. 33 | Pool Name, including Formation Blanco Mesa Verde | Kind of Lease State, (Federal) or Fee | Lease No. SF080671A |
| Location | | | | |
| Unit Letter I | 1515 | Feet From The South | Line and 910 | Feet From The East |
| Line of Section 11 | Township 27N | Range 4W | , NMPM, Rio Arriba Coun. | |

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. | <table border="1"> <tr> <td>Unit I</td> <td>Sec. 11</td> <td>Twp. 27N</td> <td>Rge. 4W</td> </tr> </table> | Unit I | Sec. 11 | Twp. 27N | Rge. 4W |
| Unit I | Sec. 11 | Twp. 27N | Rge. 4W | | |
| Is gas actually connected? | 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)
8-14-85
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 16 1985, 19
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 deviator 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 condition.

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 Rest'y. | Diff. Re. |
| Date Spudded 6-29-85 | Date Compl. Ready to Prod. 7-5-85 | | Total Depth 6330' | | P.B.T.D. | | 6314' | | |
| Elevations (DF, RKB, RT, GR, etc.) 6822' GL | Name of Producing Formation Blanco Mesa Verde | | Top Oil/Gas Pay 5910' | | Tubing Depth 6269' | | | | |
| Perforations 6070, 6074, 6128, 6133, 6154, 6165, 6218, 6226, 6255, 6288 w/1 SPZ. 2nd stage 5910, 5914, 5918, 5921, 5929, 5932, 5936, 5940, 5944, 5972, 5976, 5980, 5984, 6018, 6022 w/1 SPZ. | | | | | | | Depth Casing Shoe 4140' | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/4" | | 9 5/8" | | 225' | | 177 cu ft | | | |
| 8 3/4" | | 7" | | 4140' | | 282 cu ft | | | |
| 6 1/4" | | 4 1/2" | | 3965- 6330' | | 424 76 cu ft | | | |
| | | 2 3/8" | | 6269' | | | | | |

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 oil 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 2295 | Length of Test 3 Hrs. | Bbls. Condensate/MCF 379 MCF | Gravity of Condensate 0 |
| Testing Method (pucl, back pr.) Back Pressure | Tubing Pressure (Shut-in) 990 | Casing Pressure (Shut-in) 1204 | Choke Size 3/4" |