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		
PRORATION OFFICE		

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION

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

RECEIVED
FEB 03 1986
OIL CON. DIV.
DIST. 3

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)

- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership
- Change in Transporter of: [ ] Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate
- Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
San Juan 27-5 Unit	97M	Basin Dakota	State (Federal) or Fee	SF 079367

Location

Unit Letter D ; 1000 Feet From The North Line and 1000 Feet From The West

Line of Section 31 Township 27N Range 5W , NMPM. Rio Arriba Co

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	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 [ ] or Dry Gas [X]	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.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	31	27N	5W	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.

Dana Lowrey
(Signature)

Drilling Clerk
(Title)

1-31-86
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 12 1986, 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 deep well, this form must be accompanied by a tabulation of the devi tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of o well name or number, or transporter, or other such change of condi

Separate Forms C-104 must be filed for each pool in mul completed wells.

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Res'v.	Diff.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-26-85	1-23-86	7689'	7681'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6596' GL	Basin Dakota	4895'	7647'

Perforations

7458, 7466, 7474, 7523, 7556, 7560, 7564, 7568, 7571, 7574, 7606, 7610, * Continued Perf's Listed Below

Depth Casing Shoe: 7689'

TUBING, CASING, AND CEMENTING RECORD **Tubing Record Listed Below

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	210'	295 cu ft
12 1/4"	9 5/8"	3550'	660 cu ft
8 3/4"	7" Liner	3395-6066'	675 cu ft
6 1/4"	4 1/2" Liner	5920-7689'	269 cu ft

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 able for this depth or be for full 24 hours)

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	Bbls. Condensate/MMCF	Gravity of Condensate
2001	SI 7 Days	313 MCF/D	0
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back Pressure	SI 2020	SI -0-	3/4"

* Continued Perf's:

7614, 7618, 7622, 7636, 7641, 7656, 7661, 7666 w/1 SPZ. 2nd stage 5703, 5723, 5743, 5773, 5792, 5815, 5835, w/1 SPZ. 3rd stage 1st set, 5436, 5441, 5446, 5451, 5456, 5461, 5466, 5471, 5476, 5481, 5486, 5492; 2nd set 5503, 5508, 5513, 5525, 5558, 5591, 5602, 5625, 5642 w/1 SPZ. 4th stage 4895, 4909, 4914, 4919, 4924, 4929, 4940, 4946, 4956, 4961, 4966, 4971, 4984 w/1 SPZ.

**Tubing Records:

Tubing Size	Depth Set
1 1/2"	5821'
2 3/8"	7647'