

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| TRANSPORTER            | OIL |
| OPERATOR               | GAS |
| PROMOTION OFFICE       |     |

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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DEC 05 1985  
OIL CON. DIV.  
DIST. 3

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<br>El Paso Natural Gas Company                                                                                               |                                                                                                                                                                                 |
| Address<br>P. O. Box 4289, Farmington, NM 87499                                                                                       |                                                                                                                                                                                 |
| Reason(s) for filing (Check proper box)                                                                                               | Other (Please explain)                                                                                                                                                          |
| <input checked="" type="checkbox"/> New Well<br><input type="checkbox"/> Recompletion<br><input type="checkbox"/> Change in Ownership | Change in Transporter of:<br><input type="checkbox"/> Oil<br><input type="checkbox"/> Casinghead Gas<br><input type="checkbox"/> Dry Gas<br><input type="checkbox"/> Condensate |

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                                                                             |                 |                                                |                                         |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------|-----------------------------------------|--------------------|
| Lease Name<br>San Juan 27-5 Unit                                                                                                                                                                            | Well No.<br>69M | Pool Name, including Formation<br>Basin Dakota | Kind of Lease<br>State (Federal) or Fee | Lease<br>SF 079391 |
| Location<br>Unit Letter <u>I</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>910</u> Feet From The <u>East</u><br>Line of Section <u>7</u> Township <u>27N</u> Range <u>5W</u> NMPM. Rio Arriba Co |                 |                                                |                                         |                    |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                                                            |                                                                                                                                                          |      |      |      |      |   |   |     |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|------|------|---|---|-----|----|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/><br>El Paso Natural Gas Company            | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 4289, Farmington, NM 87499                                         |      |      |      |      |   |   |     |    |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br>Northwest Pipeline Corporation | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 90, Farmington, NM 87499                                           |      |      |      |      |   |   |     |    |
| If well produces oil or liquids,<br>give location of tanks.                                                                                                | <table border="1"> <tr> <td>Unit</td> <td>Sec.</td> <td>Twp.</td> <td>Rge.</td> </tr> <tr> <td>I</td> <td>7</td> <td>27N</td> <td>5W</td> </tr> </table> | Unit | Sec. | Twp. | Rge. | I | 7 | 27N | 5W |
| Unit                                                                                                                                                       | Sec.                                                                                                                                                     | Twp. | Rge. |      |      |   |   |     |    |
| I                                                                                                                                                          | 7                                                                                                                                                        | 27N  | 5W   |      |      |   |   |     |    |
|                                                                                                                                                            | Is gas actually connected? <input type="checkbox"/> When <input type="checkbox"/>                                                                        |      |      |      |      |   |   |     |    |

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)  
11-26-85  
(Date)

OIL CONSERVATION DIVISION  
DEC - 5 - 1985

APPROVED \_\_\_\_\_  
BY Original Signed by FRANK T. CHAVEZ  
SUPERVISOR DISTRICT # 3  
TITLE \_\_\_\_\_

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 deviator 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 well name or number, or transporter, or other such change of conditions.  
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 | New well     | Workover | Deepen | Plug Back | Same Reservoir | Drill |
|                                                                         |                             |                   | X        | X            |          |        |           |                |       |
| Date Spudded                                                            | Date Compl. Ready to Prod.  | Total Depth       |          | P.D.T.D.     |          |        |           |                |       |
| 9-13-85                                                                 | 11-26-85                    | 7835'             |          | 7813'        |          |        |           |                |       |
| Elevations (DF, RKB, RT, GR, etc.)                                      | Name of Producing Formation | Top Oil/Gas Pay   |          | Tubing Depth |          |        |           |                |       |
| 6610' GL                                                                | Basin Dakota                | 5062'             |          | 7771'        |          |        |           |                |       |
| Perforations                                                            |                             | Depth Casing Shoe |          |              |          |        |           |                |       |
| 7589, 7593, 7596, 7602, 7614, 7617, 7620, 7623, 7626, 7714, 7717, 7720, |                             | 7821'             |          |              |          |        |           |                |       |
| * Continued Perf's Listed Below TUBING, CASING, AND CEMENTING RECORD    |                             |                   |          |              |          |        |           |                |       |
| MOLE SIZE                                                               | CASING & TUBING SIZE        | DEPTH SET         |          | SACKS CEMENT |          |        |           |                |       |
| 17 1/2"                                                                 | 13 3/8"                     | 220'              |          | 294 cu ft    |          |        |           |                |       |
| 12 1/4"                                                                 | 9 5/8"                      | 3697'             |          | 662 cu ft    |          |        |           |                |       |
| 8 3/4"                                                                  | 7"                          | 6144'             |          | 666 cu ft    |          |        |           |                |       |
| 6 1/4"                                                                  | 4 1/2" Liner                | 5970-7821'        |          | 278 cu ft    |          |        |           |                |       |
|                                                                         |                             | 5952-7771'        |          |              |          |        |           |                |       |

#### V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

|                                 |                 |                                               |            |
|---------------------------------|-----------------|-----------------------------------------------|------------|
| 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/MCF      | Gravity of Condensate |
| 1985                             | 7 Days                    | 330 MCF/D                 | 0                     |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-In) | Casing Pressure (Shut-In) | Choke Size            |
| Back Pressure                    | SI 2318                   | -0-                       | 3/4"                  |

\* Continued Perf's:

7723, 7726, 7729, 7760, 7771, 7775, 7779, 7802 w/1 SPZ. 2nd stage 5797, 5802, 5885, 5894, 5907, 5926, 5946, 5950 w/1 SPZ. 3rd stage 5560, 5564, 5569, 5576, 5580, 5584, 5588, 5592, 5609, 5614, 5626, 5632, 5644, 5653, 5664, 5668, 5673, 5677, 5698 w/1 SPZ. 4th stage 5062, 5066, 5070, 5074, 5078, 5098, 5101, 5126, 5160, 5164, 5168, 5379, 5387, 5391, 5491, 5495, 5499, 5503 w/1 SPZ.