

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
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OPERATOR	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87500

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
FEB 12 1986
OIL CON. DIV.
DIST. 3

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

I. Operator
El Paso Natural Gas Company
Address
P. O. Box 4289, Farmington, NM 87499
Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease name San Juan 27-5 Unit	Well No. 139M	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, (Federal) or Fee	Lease SF 079392
Location Unit Letter <u>E</u> : <u>1420</u> Feet From The <u>North</u> Line and <u>1190</u> Feet From The <u>West</u> Line of Section <u>20</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"/>	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"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1526, Salt Lake City, Utah 84110
If well produces oil or liquids, give location of tanks. Unit : <u>E</u> Sec. : <u>20</u> Twp. : <u>27N</u> Rge. : <u>5W</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.


(Signature)
Drilling Clerk
(Title)
2-11-86
(Date)

OIL CONSERVATION DIVISION
FEB 20 1986

APPROVED _____
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 able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condi:
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 Res'v.	Ditch
			X	X					
Date Spudded 11-11-85	Date Compl. Ready to Prod. 2-10-86	Total Depth 7673'			P.B.T.D. 7659'				
Elevations (DF, RKB, RT, CR, etc.) 6471' GL	Name of Producing Formation Blanco Mesa Verde	Top Oil/Gas Pay 4896'			Tubing Depth 5892'				
Perforations (DK) 7440, 7444, 7448, 7452, 7540, 7542, 7545, 7548, 7551, 7554, 7581,							Depth Casing Shoe 7670'		
* Continued Perf's listed below TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"		13 3/8"		214'		307 cu ft			
12 1/2"		9 5/8"		3570'		635 cu ft			
8 3/4"		7" Liner		3402-6015'		658 cu ft			
6 1/4"		4 1/2" Liner		5918-7670'		270 cu ft			

** Continued Tubing Depths listed below
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 c
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 2453	Length of Test SI 7 Days	Bbls. Condensate/MCF 332 MCF/D	Gravity of Condensate 0
Testing Method (shot, back pr.) Back Pressure	Tubing Pressure (Shot-In) SI 972	Casing Pressure (Shot-In) SI 1001	Choke Size 3/4"

* Continued Perf's: 7593, 7596, 7600, 7603, 7616, 7619, 7623, 7627, 7631 w/20 SPZ. 2nd stage
(Lower Pt.) 5609, 5640, 5643, 5661, 5702, 5709, 5716, 5724, 5740, 5757, 5764,
5814, 5825, 5848, 5860, 5900 w/16 SPZ. 3rd stage (Mass. Pt.) 5426, 5430,
5434, 5438, 5442, 5457, 5464, 5467, 5494, 5496, 5498, 5501, 5502, 5504, 5510,
5512, 5515, 5518, 5537, 5547, w/20 SPZ. 4th stage (C.H.) 4896, 4908, 4912,
4913, 4916, 4938, 4943, 4948, 4960, 4971, 4988, 4996, 5002, 5007, 5012, 5017,
5022 w/17 SPZ.

** Continued Tubing Depths: 2 3/8" (DK) 7619'
1 1/2" (MV) 5892'