

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

RECEIVED
JAN 07 1986

Form C-104
Revised 10-01-78
Format 08-01-83

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV.
DIST. 3

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:	
<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

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. 113A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, (Federal) or Fee	Lease No. SF 079491A
Location Unit Letter <u>K</u> : <u>1800</u> Feet From The <u>South</u> Line and <u>1540</u> Feet From The <u>West</u> Line of Section <u>10</u> Township <u>27N</u> Range <u>5W</u> 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"/>	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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation	P. O. Box 90, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>K</u> Sec. <u>10</u> Twp. <u>27N</u> Rge. <u>5W</u>	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)
1-6-86
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 07 1986.
BY SUPERVISOR DISTRICT #3
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 our 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	New well	Workover	Deepen	Plug Back	Same Res'v.	Drill R.
			X	X					
Date Spudded 10-28-85	Date Compl. Ready to Prod. 1-2-86	Total Depth 6771'			P.B.T.D. 6753'				
Elevations (DF, RKB, RT, CR, etc.) 7314' GL	Name of Producing Formation Blanco Mesa Verde	Top Oil/Gas Pay 5089'			Tubing Depth 6441'				
Perforations 6309, 6326, 6330, 6334, 6338, 6342, 6346, 6350, 6361, 6371, 6375, 6379,							Depth Casing Shoe 6770'		
* Continued Perf's Listed Below									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	9 5/8"		228'		136 cu ft				
8 3/4"	7"		4474'		309 cu ft				
6 1/4"	4 1/2" Liner		4316-6770'		421 cu ft				
	2 3/8" Tbg		6441'						

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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (psal, back pr.)	SI 7 Days Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	SI 918	SI 918	

* Continued Perf's:

6387, 6391, 6395, 6399, 6405, 6426, 6429, 6439, 6446, 6454, 6458, 6462' w/1 SPZ.
2nd stage 5798, 5803, 5818, 5826, 5863, 5877, 5888, 5892, 5906, 5911, 5916, 5921, 5926,
5931, 5936 5941' w/1 SPZ. 3rd stage 5089, 5095, 5120, 5127, 5133, 5144, 5151, 5179,
5276, 5285' w/1 SPZ.