5

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-110
Effective 1-1-65

U.S.G.S.	
LAND OFFICE	
TRANSPORTER: OIL	
GAS	
OPERATOR	
PRORATION OFFICE	

I. Operator

El Paso Natural Gas Company

Address

P. O. Box 990, Farmington, New Mexico

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐

Other (Please explain)

Installed Piston
7-5-77

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 No.
San Juan 27-5 Unit	54	Blanco Mesa Verde	State, Federal or Fee SF	079367

Location

Unit Letter L 1700 Feet From The South Line and 800 Feet From The West

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

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐

EL PASO NATURAL GAS COMPANY

Address (Give address to which approved copy of this form is to be sent)

EL PASO NATURAL GAS COMPANY
P. O. BOX 990
FARMINGTON, NEW MEXICO 87401

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐

EL PASO NATURAL GAS COMPANY

Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.

Unit Sec. Twp. Rge.

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA See previous Copy

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

Date Spudded	Date Compl. Ready to Prod.		Total Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 allowable 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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

RECEIVED
SEP 22 1977
OIL CON. COM.
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

James M Wason
(Signature)
Production Engineer
(Title)
Sept. 21, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 22 1977, 19

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR DIST. #3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

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

Separate Forms C-104 must be filed for each pool in multiple