

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-70

NO. OF COPIES RECEIVED	
DISTRIBUTION	
STATE	
FED.	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator El Paso Natural Gas Company	
Address P.O. Box 289, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in operator according to criteria of unit agreement.
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner: Amoco Production Company, 501 Airport Drive, Farmington, NM 87401

DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 27-4 Unit	Well No. 22	Pool Name, including Formation E. Blanco Pic. Cliffs	Kind of Lease State/Federal <input checked="" type="checkbox"/> Fee SF	Lease No. 079757
Location Unit Letter <u>N</u> : <u>790</u> Feet From The <u>South</u> Line and <u>1630</u> Feet From The <u>West</u> Line of Section <u>9</u> Township <u>29-N</u> Range <u>4-W</u> , NMPM, <u>Rio Arriba</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 289, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Northwest Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 90, Farmington, NM
If well produces oil or liquids, give location of tanks.	Unit <u>N</u> Sec. <u>9</u> Twp. <u>29-N</u> Rge. <u>4-W</u>
Is gas actually connected?	When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X						
Date Spudded 11-5-78	Date Compl. Ready to Prod. <u>4-13-78</u> <u>12-10-78</u>	Total Depth 3943'	P.B.T.D. 3902'					
Elevations (DF, RKB, RT, GR, etc.) 6833'	Name of Producing Formation Pic. Cliffs	Top Gas /Gas Pay 3535'	Tubing Depth 3826'					
- 3535-53, 3589-94, 3610-14, 3644-46, 3691-94, 3701-04, 3718-24, 3803-20'			Depth Casing Shoe 3943'					

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	357'	300
7 7/8"	4 1/2"	3943'	975
	2 3/8"	3826'	

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 allowable 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 165 1320	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-In)	Choke Size
	98	365 1175	

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 above is true and complete to the best of my knowledge and belief.

D. G. Drisco
(Signature)

Drilling Clerk

(Title)

May 17, 1982

(Date)

OIL CONSERVATION DIVISION

7-10-82

APPROVED

JUL 20 1982

Original Signed by CHARLES GHOLSON

BY

TITLE DEPUTY OIL & GAS INSPECTOR, 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.