

DEPARTMENT OF	
COMMITTEE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-105  
Effective 1-1-65

I. Operator  
El Paso Natural Gas Company  
Address  
P. O. Box 990, Farmington, New Mexico 87401

Reason(s) for filing (check proper box) Other (Please explain)  
New Well ☐ Change in Transporter of:  
Recompletion ☒ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

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 32-5 Unit	8	Blanco Mesa Verde	State, Federal or Free	SF079011-A
Location				
Unit Letter	A	840 Feet From The North	Line and 735	Feet From The East
Line of Section	27	Township	32N	Range 6W, NMPL, Rio Arriba
County				

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 990, Farmington, New Mexico 87401
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, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	A 27 32N 6W

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X		X		X		X
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
w/o 11-1-77	11-22-77	6060'	5887'					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top of Gas Pay	Tubing Depth					
6141' GR	Mesa Verde	5242	5688'					
Perforations 5242, 5247, 5264, 5268, 5385, 5389, 5394, 5409, 5443, 5461, 5468, 5472, 5509, 5513, 5535, 5545, 5553, 5617, 5665, 5703, 5715'			Depth Casing Shoe					
			5897'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/2"	8 5/8"	562'	350 sks					
7 5/8"	5 1/2"	P.B. 6060'	350 sks					
7 5/8"	3 1/2"	5897'	571 cf					
	1 3/4"	5688'	tbg					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total surface 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 (Pilot 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/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	1129	1128	

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.

A. G. Busco  
(Signature)  
Drilling Clerk  
(Title)  
12-8-77  
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 14 1977, 19  
By Original Signed by A. R. Kendrick  
TITLE SUPERVISOR DIST. 37

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.  
Form C-104 must be filed for each well in multiple.