SANTA FE ; FILE ; U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR PHORATION OFFICE Operator

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

El Paso Hetural Gas	Company						
Box 990, Formington Reason(s) for filing (Check proper box	, New Mexic	20 87401					
Reason(s) for filing (Check proper box New Well	Other (Please explain) Change in Transporter of:						
Recompletion	Oil Dry Gas X						
Change in Ownership	Casinghead	Gas Conde	nsate				
f change of ownership give name and address of previous owner							
DESCRIPTION OF WELL AND		Pool Name, Including F	Correction	Kind of Lease			
en Juan 27-4 Unit 17 Tapacito I				State, Federal or Fee SF 080670		1 - 1	
Unit Letter M; 810	Feet From	The South Lin	ne and 1150	Feet From T	he West		
Line of Section 29 Tov	tine of Section 29 Township 2711 Range			Щ , NMPM, Rio Arriba County			
DESIGNATION OF TRANSPORT							
Nome of Authorized Transporter of Cil 🗀 or Condensate 🌠 El Paso Natural Gas Company			Address (Give address to which approved copy of this form is to be sent) Post 900 Forming ton Figure Moving 97/101				
Name of Authorized Transporter of Cas	Box 990, Farmington, New Mexico 87401 Address (Give address to which approved copy of this form is to be sent)						
Northwest Pipeline (501 Airport Drive, Farmington, New Mexico 87401						
If well produces oil or liquids, give location of tanks.	Unit Sec. 14 29	7wp. Page. 27N 4W	Is gas actually connecte	ed? Wher	n		
f this production is commingled wit COMPLETION DATA							
Designate Type of Completion - (X)		New Well Workover	Deepen	Plug Back Same	Restv. Diff. Restv.		
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	T, GR, etc.; Name of Producing Formation		Top Oil/Gas ray		Tubing Depth		
Perforations	<u> </u>				Depth Casing Shoe	·	
	TU	BING, CASING, AND	CEMENTING RECOR	l			
HOLE SIZE			DEPTH SET		SACKS CEMENT		
TEST DATA AND REQUEST FO	R ALLOWABI	LE (Test must be a	fter recovery of total volume pth or be for full 24 hours		nd must be equal to	or exceed top allow-	
DIL WELL Date First New Oil Run To Tanks.	Date of Test	dote jos tima de	Producing Method (Flow		, etc.)		
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
Actual Prod. During Test	Oil-Bbie.		Water-Bbls.		Gas-MCF		
	<u></u>		J				
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	<u></u>	
ERTIFICATE OF COMPLIANC	Œ	•	OIL C	ONSERVAT	TION COMMISS	ION	
			APPROVED	FEB 7	1974		
hereby certify that the rules and re ommission have been complied w bove is true and complete to the	ith and that the	information given	BY Original	Signed by	A. R. Kendri		
JOYE 18 tige wild complete to the				JEUM ENGINE	EFER DIST. NO.	3	
ran in ann an a	s to posterio	·			ompliance with RU		
			well this form must	be accompani	ble for a newly dried by a tabulation	a of the deviation	
Differ to the second (Signature)			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 allow-				
JAN 1 1974 (Title)			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.				
(Dat	e) .	•	well name or number	, or transporte	r, or other such chi	inge of condition.	