NO. OF COPIES RECEIVED	· ·				
DISTRIBUTION	NEW MEXICO OIL	NEW MEXICO OIL CONSERVATION COMMISSION Form C-			
SANTA FE				Supersedes Old C-104 and C-116	
FILE /	1	AND		Effective 1-1-65	
U.\$.G.\$.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
LAND OFFICE					
TRANSPORTER OIL / GAS 7	_				
OPERATOR /				•	
PRORATION OFFICE		·			
El Paso Natural Gas	Company				
Box 990, Formington	New Mexico 87401				
Reason(s) for filing (Check proper box	•)	Other (Please	explain)		
New We!! Change in Transporter of: Recompletion Oil Dry Gas X					
Recompletion Change to Counce to	Oil Dry Go	FF			
Change in Ownership	Cusinqueud dus Conde				
If change of ownership give name and address of previous owner				All the second s	
DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease			Kind of Lease	Lease No.	
San Juan 27-5 Unit	17 Blanco 1	íesa Verde	State, Fedefal o	F** SF 079392	
Location			·		
Unit Letter / ; S	990 Feet From The South Lir	ne and 990	Feet From The	West	
Line of Section 29 To	wnship 27N Range	5W , NMPM	, Rio Ari	riba County	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	NS.			
Name of Authorized Transporter of Cit	Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas Name of Authorized Transporter of Ca	Box 990, Farmington, New Mexico 87401 Address (Give address to which approved copy of this form is to be sent)				
	1	501 Airport Drive, Farmington, New Mexico 87401			
Unit Sec Two Pge. Is assigned y connected? When				ngoon, Hen Pleases of 102	
If well produces oil or liquids, give location of tanks.	M 29 27N 5W				
If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	New Well Workover		Plug Back Same Resty. Diff, Resty.	
Designate Type of Completion	on – (X)				
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top O!1/Gas Pay		Subing Depth	
Perforations			ľ	Depth Casing Shoe	
	TUBING, CASING, AN	D CEMENTING RECOR	D		
HOLE SIZE	CASING & TUBING SIZE	DEPTH S	ET .	SACKS CEMENT	
		 			
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	ifter recovery of total volu epth or be for full 24 hours	me of load oil and :)	I must be equal to or exceed top allow-	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flou		etc.)	
Length of Test	Tubing Pressure	Casing Pressure	TEILER	Choke Size .	
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	IPTIAL S	Gas - NCF	
			10 11 12 12 12 12 12 12 12 12 12 12 12 12	4	
GAS WELL		1	CC CC	DW.	
Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/ACMC	5 000 B	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut		Choke Size	
CERTIFICATE OF COMPLIAN	OIL		ION COMMISSION		
•		APPROVED	FEB	7 1974 . 19	
I hereby certify that the rules and Commission have been complied	Original S	Original Signed by Emery C. Arnold			
above is true and complete to the	SHIDEDALCOD DICK.				

4, 14, 9, 21**1320**

(Signature)

(Title)

(Date)

JAN 9

SUPERVISOR DIST. #3 TITLE .

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. Course Tomp C-104 must be filled for each cool in multiply