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IRANSPORTER	OIL	1		
	GAS	1		
OPERATOR		1		
PRORATION OFFICE				

DISTRIBUTION  SANTA FE /  FILE /  U.S.G.S.	REQUEST	CONSERVATION COMMISSION OF FOR ALLOWABLE AND RANSPORT OIL AND NATURAL GAS		Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65		
LAND OFFICE  IRANSPORTER OIL / GAS /  OPERATOR / PRORATION OFFICE  Operator	AUTHORIZATION TO TR	ANSPORT OIL AND	NATURAL GAS		,	
El Paso Notural Ga	s Company					
Box 990, Formingto	n, New Mexico 87401					
Reason(s) for filing (Check proper bo	Change in Transporter of: Oil Dry G	<b>F</b> 1	e explain)			
Change in Ownership	Casinghead Gas Conde	ensate				
and address of previous owner		,				
Lesse Name San Juan 27-5 Ut	Well No. Pool Name, Including F		Kind of Lease State, (Federal) or Fe	• SF	Legse No. 079492-B	
Location	990 Feet From The North Li		Feet From TheI		077172 0	
23	ownship 27N Range	5W NMPN	τ	Rio Arriba	County	
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	AS				
Name of Authorized Transporter of O. El Paso Natural Gas	i: or Condensate X	Address (Give address Box 990, Farmi			be sent)	
Name of Authorized Transporter of Co	asinghead Gas or Dry Gas X	Address (Give address	to which approved cop	y of this form is to	!	
Northwest Pipeline	Corporation Twp. Rge.	501 Airport Dr		on, New Mex	ico 8740]	
If well produces oil or liquids, give location of tanks.	A 23 27 5					
If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,					
Designate Type of Completi	on - (X)   Oil Well   Gas Well	New Well Workover	Deepen Plug	Back   Same Resty	. Diff. Restv.	
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!I/Gas Fay Tubing Depth				
Perforations		<del></del>	Depti	n Casing Shoe		
	TUBING, CASING, AND	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	ET .	SACKS CEME	NT	
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volu	me of load oil and mus	it be equal to or exc	eed top allow-	
OII. WEI L Date First New Cil Run To Tanks	Date of Test	prh or be for full 24 hours Producing Method (Flow		n 30		
Length of Teet	Tubing Pressure	Casing Pressure	Chok	818	16	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas	MCF 10 1	374	
		<u> </u>		CON.	COM	
GAS WELL Actual Prod. Tost-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravi	in pr count COLL	3	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	-in) Choke	Size		
CERTIFICATE OF COMPLIAN	CE	OIL C	CONSERVATION	_		
Commission have been complied to	regulations of the Oil Conservation with and that the information given	APPROVEDOriginal S	igned by Emery	C. Arnold	7 1974	
		TITLE _SUPERVISOR DIST. #3				
	OS DE LA SECO	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.			or deepened he deviation	
JAN 9 1974			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.			
(Date)		well name or number, or transported or other such change of constitutions				