DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR	REQUES	CONSERVATION COMMISSION TIFOR ALLOWABLE AND RANSPORTIOIL AND NATURA	Form C-104 Supersedes Old C-101 and C-11 Effective 1-1-65
PRORATION OFFICE Operator			
El Paso Metural Gas	Company		
Address	. Hew Mexico 87401		
Box 990, Formington Reason(s) for thing (Check proper box		Other (Please explain)	
New We!l	Change in Transporter of:	Gas [X]	•
Recompletion Change in Ownership	Oil Dry C Castinghead Gas Cond	ensate	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	LEASE		_
Leose Name	Well No. Pool Name, Including	i	
San Juan 27-5 Unit	62 So. Blan	nco P. C. State, F	Aleral or Fee \$F 079393
	140 Feet From The North L	Ine and 765 Feet 7	rom The East
Onit Letter	rect from the		
Line of Section 6 To	wnship 27N Range	5W NMPM, Ri	o Arriba County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS	
Name of Authorized Transporter of Cil	or Condensate X	Address (Give address to which a	pproved copy of this form is to be sent)
El Paso Natural Gas	stnahedd Gas Fill or Dry Gas Yi	Box 990, Farmington,	pproved copy of this form is to be sent)
Northwest Pipeline			Parmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. A 6 27N 5W	Is gas actually connected?	When
If this production is commingled wi	th that from any other lease or pool	, give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deeper	
Designate Type of Completion	on – (X)		
Date Spudded	Date Comp!. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Froducing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations		•	Depth Guarry Silve
	TUBING, CASING, AN	ID CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		<u> </u>	
TEST DATA AND REQUEST FOIL WELL		after recovery of total volume of load lepth or be for full 24 hours)	loil and must be equal to or exceed top allow-
Date First New Cil Run To Tonks	Date of Test	Ogte of Test Producing Method (Flow, pump, gas life (c.)	
	This is a Constant	Casing Pressure	Choke Size
Length of Test	Tubing Pressure		· · · · · · · · · · · · · · · · · · ·
Actual Prod. During Test	Oil-Bbls.	Water-Bile.	C 3 Cas-MCF
		DIL CON.	com./
GAS WELL		DIST.	3
Actual Prod. Tost-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
	Tubing Decision (2) to 4-3	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Capital Lingsain Course and	

. CERTIFICATE OF COMPLIANCE

JAN 1 0 10/10

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.

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

FEB 7 1974 _ 19 _ APPROVED_ Original Signed by A. R. Kendrick

PETROLEUM ENGINEER DIST. NO. 3

TITLE _ This form is to be filed in compliance with RULE 1104.

If this is a request for silowable for a newly drilled or despended 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. The Cand must be sted for much most in multiply