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+	SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE							C-104		
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ŀ	U.S.G.S.	AUTHORIZATION TO TRAN				AND				101	T. III
ŀ	LAND OFFICE					ansport (	DIL AND N	IATURAL	GAS	1	-IVCA
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	OPERATOR ?								1	UC1 2	Z 1300
1.	PRORATION OFFICE										
	Operator									_	N. COM.
	El Paso Natural Gas (	Company								ેગડ	T. 3
	Address  Por 000 Ferminaton	Nov. Mar	rd oo							-	
-	Box 990, Farmington, Reason(s) for filing (Check proper box)		XICO .	<del></del>		10	her (Please	explain)			-
	New Well		e in Trans	porter of:	:	-		,			
	Recompletion	011		$\Box$	Dry Ga	rs [					
	Change in Ownership	_	nhead Gas	H	Conder						
Ĺ											
	f change of ownership give name and address of previous owner										<del></del>
i.	DESCRIPTION OF WELL AND I Lease Name		lo. Poci :	Name, Inc	cluding F	crmation		Kind of Lea	s <b>e</b>		Lease No
	San Juan 27-4 Unit	39		Basin	Dakot	:a		State, Feder	ral or Fee	CT	080673
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		vnship <b>27</b>	N		inge	4W	1693 , NMPM	Feet From	Arriba		County
I.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil  El Paso Natural Gais Clame of Authorized Transporter of Cas	rer of of or company	IL AND r Condens	NATUF	RAL GA	AS Aidress (G Box 9	, NMPM, ive address t	Rio A		s form is to	be sent)
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7 - 1	DESIGNATION OF TRANSPORT Name of Authorized Transporter of CII  El Paso Natural Gais  Clame of Authorized Transporter of CII  Paso Natural Gais  If well produces oil or liquids, give location of tanks.  If this production is commingled with COMPLETION DATA  Designate Type of Completion Date Spudded  9-14-68  Elevations (DF, RKB, RT, GR, etc., 6815' GL  Perforations  7896-7906', 7979-89',  HOLE SIZE  15"  9 7/8"  6 3/4"	Company Unit S The that from Date Complete Name of Fred ROOG-1  CASI 10  7 4 2	IL AND r Condens or Sec. 5 any othe Cil Well character Acta TUBINI NG & TU 3/4" 5/8" 1/2" 3/8" WABLE	NATUE ate X Pry Gas  Twp.  27N er lease co Prod.  Cormation  054-64 G, CASI JBING S	RAL GA Rge. Rge. X or pool, S Well X  L', 80 NG, ANI	Address (G Box 93 Address (G B	NMPM, ive address to 20, Farm ive address to 20, Farm ive address to 290, Farm ally connected workover workover 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Rio A  o which appr ington, o which appr mington, o which appr min	Plug Back P.B.T.D. Tubing Depth Casin 8 185 Sks 175 Sks 170 Sks Tubing	s form is to  o - 874 s form is to  co - 87  Same Res'  8117' h 7889' g Shoe 121' CKS CEMI	be sent) be sent) 401 v. Diff. Res
V -	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil  El Paso Natural Cais  Mame of Authorized Transporter of Cas  El Paso Natural Cais  Mame of Authorized Transporter of Cas  El Paso Natural Cais  If well produces oil or liquids, give location of tanks.  If this production is commingled wit  COMPLETION DATA  Designate Type of Completio  Date Spudded  9-14-68  Elevations (DF, RKB, RT, GR, etc.)  6815' GL  Perforations  7896-7906', 7979-89'  HOLE SIZE  15"  9 7/8"  6 3/4"  TEST DATA AND REQUEST FOOIL WELL  Date First New Oil Run To Tanks	Company singhead Gas Company Singhead Gas Company Unit N th that from Date Compl Name of Fr Da CASI 10 7 4 2 OR ALLOW	IL AND r Condens or Sec. 5 any othe Coil Well AND r Condens TOIL Well AND Ready to Correct TUBINI NG & TU 3/4" 5/8" 1/2" 3/8" WABLE	NATUE ate X Pry Gas  Twp.  27N er lease co Prod.  Cormation  054-64 G, CASI JBING S	RAL GA Rge. Rge. X or pool, S Well X  L', 80 NG, ANI	Address (G Box 9) Address (G B	, NMPM, ive address to 20, Farm ive address to 20, Farm ally connected workover in 81, 826 to 8090-81,	Rio A o which appr ington, o which appr mington, o which appr ming	Plug Back P.B.T.D. Tubing Depth Casin Basil and must be equilibria, etc.)	s form is to  o - 874 s form is to  co - 87  Same Res'  8117' h 7889' g Shoe 121' CKS CEMI	be sent) be sent) 401 v. Diff. Res
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V	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil  El Paso Natural Cais  Mame of Authorized Transporter of Cas  El Paso Natural Cais  Mame of Authorized Transporter of Cas  El Paso Natural Cais  If well produces oil or liquids, give location of tanks.  If this production is commingled wit  COMPLETION DATA  Designate Type of Completio  Date Spudded  9-14-68  Elevations (DF, RKB, RT, GR, etc.)  6815' GL  Perforations  7896-7906', 7979-89'  HOLE SIZE  15"  9 7/8"  6 3/4"  TEST DATA AND REQUEST FOOIL WELL  Date First New Oil Run To Tanks	Company singhead Gas Company Singhead Gas Company Unit N th that from Date Compl Name of Fr Da CASI 10 7 4 2 OR ALLOW	IL AND r Condens or Sec. 5 any othe Coil Well AND r Condens TOIL Well AND Ready to Correct TUBINI NG & TU 3/4" 5/8" 1/2" 3/8" WABLE	NATUE ate X Pry Gas  Twp.  27N er lease co Prod.  Cormation  054-64 G, CASI JBING S	RAL GA Rge. Rge. X or pool, S Well X  L', 80 NG, ANI	Address (G Box 9) Address (G B	, NMPM, ive address to 200, Farm ive address to 290, Farm ally connected by Workover   W	Rio A o which appr ington, o which appr mington, o which appr ming	Plug Back P.B.T.D. Tubing Depth Casin Basil and must be equilibria, etc.)	s form is to  o - 874 s form is to  co - 87  Same Res'  8117' h 7889' g Shoe 121' CKS CEMI	be sent) be sent) 401 v. Diff. Res

Bbls. Condensate/MMCF

Casing Pressure (Shut-in)

2563

TITLE \_

Gravity of Condensate

OCT 2 2 1968

Choke Size

SUPERVISOR DIST. #3

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

OIL CONSERVATION COMMISSION

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

Original Signed by Emery C. Arnold

3/4"

Actual Prod. Test-MCF/D

esting Method (pitot, back pr.)

Calculated A.O.F.

VI. CERTIFICATE OF COMPLIANCE

Petroleum Engineer

October 17, 1968

Length of Test

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.

Original signed by

Carl E. Matthews

(Signature)

Title)

(Date)

3 Hours
Tubing Pressure (Shut-in)

2559\*



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