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DISTRIBUT	<del></del>	9					<b>_</b> `	
SANTA FE		<del>,   -  </del>	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104  DECLIFET FOR ALLOWARIES  Supersedes Old C-104 and				C 104 C 114	
FILE 1 L			Effective 1-1-65					
	<del></del>	4-			AND	=		
U.S.G.S.		<del></del>	AUTHORIA	ZATION TO TR	ANSPORT OIL AND	NATURAL GA	15	
LAND OFFICE	<del>1  </del>	<del>_                                    </del>						EP *
TRANSPORTER							ACI	The state of
	GAS	1					ZCI'FI	1111
OPERATOR		0					/Q[ I_L	AFD /
PRORATION OF	FICE						VI-0-	i
Operator		a a.					أمنية	a 1971
El Paso N	aturai	Gas Co	трапу				Aua	0
Address							OIL COI	A COM
Box 990,	Farmir	igton, l	New Mexico	8 <b>74</b> 01			OIL	- 2
Reason(s) for filing	(Check pr	oper box)			Other (Pleas	e explain)	DIS	
New Well	X		Change in Tro	ansporter of:	_			
Recompletion			Oil	Dry C	Gas			
Change in Ownersh	ı		Casinghead G	Gas Cond	ensate 🗌			
If change of owner and address of pre					-			
. DESCRIPTION	OF WELI	L AND L	EASE		B	Kind of Lease		1 No
1	Lease Name		Well No. Pool Name, Including			'''		
San Juan 27-5 Unit		ıit	125 Basin Dako		State, Federa		ral or Xe Fee	
Location								
Unit Letter	K	: <u>145</u> 6	Peet From T	the <b>South</b> L	ine and	Feet From Ti	west	
Line of Section	21	Town	nship 27N	Range	<b>5W</b> , NMPI	м,	Rio Arriba	County
Name of Authorize  RI Paso N  Name of Authorize  RI Paso N  If well produces of	letural d Transport letural	Gas Co	ompany	Twp. P.ge.	Box 990, Address (Give address Box 990, Is gas actually connec	Farmingto	on, New Mexico ed copy of this form is to the copy of the copy	87401 o be sent)
give location of ta	nks.	, 	KX 21	27N 5V	···········	er number:		<u></u>
If this production COMPLETION  I		igled with	_		l, give commingling ord		Plug Back Same Res	s'v. Diff. Res'v.
Designate T	C		Oil V	1	New Well Workover	Deepen	Plug Buck Same Nes	Julia Mea V
Designate 1	pe or Co	mpierioi	.I — (A)	X	X	1	 	
Date Spudded			Date Compl. Read	dy to Prod.	Total Depth		P.B.T.D.	
6-15-71	6-15-71		7-15-71		<b>772</b> 8		7713	
Elevations (DF, RKB, RT, GR, etc.)		R, etc.	Name of Producin	ng Formation	Top MY/Gas Pay		Tubing Depth	
6492' GL			Dakota		7460		7677	
Perforations							Depth Casing Shoe	
7460-661	7488-	96'. 75	90-7602'. 7	628-341. 764	<b>2-48'</b> , 7664-70',	7684-92'	7728'	
7400 00	7 200	<u> </u>	TUP	ING. CASING. A	ND CEMENTING RECO	RD		
1101				TUBING SIZE	DEPTH		SACKS CEN	MENT
	ESIZE		9 5/8		230'		190 Sks.	
13 3/4"			7"	<u> </u>	3575'		130 Sks.	
8 3/4"							325 Skg	
6 1/4"			4 1/2"		7728' 7677'		Tubing	
			<u> </u>					
. TEST DATA A	ND REQU	JEST FO	R ALLOWABL	E (Test must be	after recovery of total vo depth or be for full 24 hou	lume of load oil a	nd must be equal to or	exceed top attou
OIL WELL				dote for this	Producing Method (Flo	mu numn eas lift	etc.)	
Date First New Of	l Run To T	'anks	Date of Test		Producing Method (1.14	ow, pamp, gos w,	,,	
			Tubing Pressure	<del></del>	Casing Pressure		Choke Size	
Length of Test		ļ	I doing Proson					
Actual Prod. During Test			Oil-Bbls.		Water - Bbls.		Gas - MCF	
							<u> </u>	
GAS WELL						<u> </u>	Ta la cala	
Actual Prod. Test								
	-MCF/D		Length of Test		Bbls. Condensate/MM		Gravity of Condensate	•
4966 Testing Method (p			3 Horasure	urs	Bbls. Condensate/MM Casing Pressure (Sh		Choke Size	

Calc. A.O.F. VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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:

L. O. Van Ryan

(Title)

(Date)

(Signature)

Petroleum Engineer

July 26, 1971

1772

SUPERVISOR DIST. #3 This form is to be filed in compliance with RULE 1104.

AUG 3

1612

APPROVED.

OIL CONSERVATION COMMISSION

Original Signed by Emery C. Arnold

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.

3/4"

1971

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.