	NO. OF COPIES RECT		5					
	DISTRIBUTION				NEW MEXICO OIL CONSER			
	SANTA FE		1		REQUEST FOR A			
	FILE		1	1	AND			
	U.S.G.S.		i		AUTHORIZATION TO TRANSPO			
	LAND OFFICE							
		OIL	1		•			
	TRANSPORTER	GAS	1					
	OPERATOR		7	\Box				
	PRORATION OF	ICE	-/-					
•	Operator			<u></u>				
	El Paso Natural Gas Company							
	Address							
	PO Box	990,	Fai	min	gton, NM 87401			
	PO Box Reason(s) for filing	990,	Fai	ming	gton, NM 87401			
	PO Box Reason(s) for filing New Well	990, (Check)	Fai	ming	gton, NM 87401 Change in Transporter of:			
	Reason(s) for filing	990, (Check I	Fai	ming box)				
	Reason(s) for filing New Well	(Check)	Fai	minį box)	Change in Transporter of:			
Ι.	Reason(s) for filing New Well Recompletion	ship giv	e nat	box)	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate			
Ι.	Reason(s) for filing New Well Recompletion Change in Ownership If change of owners and address of previous	ship giv	e nat	box)	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate			
ι.	Reason(s) for filing New Well Recompletion Change in Ownership If change of owners and address of prev DESCRIPTION O	ship giv	e nativner	ne	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate			
ι.	Reason(s) for filing New Well Recompletion Change in Ownership If change of owners and address of prev DESCRIPTION Of Lease Name	ship giv	e nativner	ne	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate EASE Well No. Pool Name, Including Formation			
•	Reason(s) for filing New Well Recompletion Change in Ownership If change of owners and address of prev DESCRIPTION Of Legse Name San Jua	check in the street of the str	e nativner	ne	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate EASE Well No. Pool Name, Including Formation 143 Basin Dakota			

VATION COMMISSION

Form C-104 Supersedes Old C-104 and C-110

FILE /		AND	Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS		
LAND OFFICE	<u> </u>				
TRANSPORTER GAS /					
OPERATOR /	· ·				
PROBATION OFFICE		-			
Operator					
El Paso Natural	Gas Company				
Address					
PO BOX 990, Far Reason(s) for filing (Check proper	mington, NM 87401	Other (Please explain)			
New Well	Change in Transporter of:	One (1 sease explain)			
Recompletion	Oll Dry Ga	s 🔲			
Change in Ownership	Casinghead Gas Conder	sate			
If change of ownership give nam	10				
and address of previous owner_					
DECOMPTION OF WELL A	ND I PACE				
DESCRIPTION OF WELL AS Lease Name	Well No. Pool Name, Including F	ormation Kind of Lea	_ ·		
San Juan 27-5 Ur	nit 143 Basin Dakota	State, (Føder	al) or Fee SF 079394		
Location		1460	F241		
Unit Letter G;	1460 Feet From The North Lin	e and 1460 Feet From	The East'		
24	Township 27N Range	5W NMPM.	Rio Arriba County		
Line of Section 34	Township Z/IN Range	J W , MAWN,	County		
DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL GA	as			
Name of Authorized Transporter o	Oil or Condensate X	Address (Give address to which appr			
El Paso Natural		PO Box 990, Farmington, NM 87401			
Name of Authorized Transporter o		Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural		PO Box 990, Farmington, NM 87401			
If well produces oil or liquids,	Unit Sec. Twp. Pge.	Is gas actually connected? W			
give location of tanks.		<u> </u>			
	i with that from any other lease or pool,	give commingling order number:			
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
Designate Type of Comp	etion - (X)	X	1		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
2-27-72	5-5-72	7722'	7708' Tubing Depth		
Elevations (DF, RKB, RT, GR, et		Top OU/Gas Pay	7676'		
6558'GL	Dakota	7514'	Depth Casing Shoe		
	32', 7660-68', 7692-7702'	7722'			
7011 20 , 7022	TUBING, CASING, AN	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
13 3/4"	9 5/8"	239'	225 cu.ft.		
8 3/4"	7"	3583'	212 cu.ft.		
6 1/4"	4 1/2"	7722'	658 cu.ft.		
			il and must be equal to or exceed top allow		
TEST DATA AND REQUES	T FOR ALLOWABLE (Test must be able for this d	epth or be for full 24 hours)			
Date First New Oil Run To Tanks	WELL		Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	and Philip	Water - Bbis.	Gas-MCF		
Actual Prod. During Test	Oil-Bbls.		MAY 1 1 1972		
GAS WELL			OIL CON. COM.		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate ST. 3		
2185	3 hours				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
Calc. AOF	1732	1 2587	3/4"		
CERTIFICATE OF COMPL	IANCE	OIL CONSER	MAY 1 1 1972		
			APPROVED, 19		
Commission have been compli	and regulations of the Oil Conservation led with and that the information given	Original Signed by Emery C. Arnold			
above is true and complete to	the best of my knowledge and belief.	BY	81		
		TITLE SUPERVISOR DIST. #3 This form is to be filed in compliance with RULE 1104. If this is a request for allowable 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 cwner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply			
h ///					
15H//m-					
-11/11/V (VE)	(Signature)				
Petroleum Engi	- · • · · · · · · · · · · · · · · · · ·				
	(Title)				
May 10, 1972					
	(Date)				
		completed wells.			