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	DISTRIBUTION /	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE			Form C-104 Supersedes Old C-104 and G-	
	U.S.G.S. LAND OFFICE TRANSPORTER OIL /	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OIL /				
1.	OPERATOR / PRORATION OFFICE Operator				RECEIVED	
	Fl Paso Natural				FEB 1 5 1974	
	Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership	Change in Transporter of: Oil Dry Ga Casinghead Gas Conder	}==	e explain)	DIST. 3	
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including F		Kind of Leas	2,0400 1101	
	San Juan 28-7 Unit 172 Undes Chacra State, Federa				1 2027	
	Unit Letter K: 1590 Feet From The South Line and 1.560 Feet From The West Line of Section 16 Township 27-N Range 7-W , NMPM, Rio Arriba County					
u.,	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	s			
	Name of Authorized Transporter of Oil El Paso Natural Gas Name of Authorized Transporter of Cas	Box 990, Fai	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico 87401 Address (Give address to which approved copy of this form is to be sent)			
	El Paso Natural Gas If well produces oil or liquids, give location of tanks.	Company				
	If this production is commingled 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 Completio	n — (X) X	X Total Depth	;	P.B.T.D.	
	9-3-73 Elevations (DF, RKB, RT, GR, etc.)	2-5-74 Name of Producing Formation	4179' Top • / Gas Pay 4016	· · · · · · · · · · · · · · · · · · ·	Tubing Depth	
1	6591'GL Perforations 4016-4030'	Chacra	1 4016		Tubingless Depth Casing Shoe 4179'	
		TUBING, CASING, AND				
	HOLE SIZE	CASING & TUBING SIZE	DEPTHS		SACKS CEMENT	
	13 3/4" 6 3/4"	9 5/8" 2 7/8"	126'G 4179		142 cu.ft. 325 cu.ft.	
	Tubingless completion					
	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Cil Bun To Tanks Date of Test (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)					
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
	Actual Prod. During Test	Ott-Bbls.	Water - Bbls.	·	Gas - MCF	
Ì,	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Cordensate/MMC		Gravity of Condensate	
	Testing Method (pitos, back pr.) Calc. A.O.F.	Tubing Pressure (Shut-in)	Cosing Pressure (Shut	-in)	Choxe Size 3/4"	

VI. CERTIFICATE OF COMPLIANCE

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.

A. G. Duces
(Signature)
Drilling Clerk

(Title)

2-11-74 (Date) PERCLEUM ENGINEER DIST. NO. 5

FEB 15 1974

BY Original Signed by A. R. Kendrick

APPROVED

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.

All sections of this form must be filled out completely for silow-able on new and recompleted wells.

Fift out only Sections I. II. III, and VI for changes of owner, we'll name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply