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\*\* CORRECTED COPY

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Supersedes Old C-104 and C-110  
Effective 1-1-65

DISTRIBUTION		
ANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PRORATION OFFICE		

I. Operator  
El Paso Natural Gas Company  
Address  
P. O. Box 990, Farmington, NM 87401  
Reason(s) for filing (Check proper box)  
New Well ☒ Change In Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☒  
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☒  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
San Juan 27-5 Unit	173	Tapacito PC Ext	State (Federal) or Fee	SF079391
Location Unit Letter 0 ; 1150 Feet From The S Line and 1700 Feet From The E Line of Section 9 Township 27N Range 5W , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P. O. Box 990, Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Northwest Pipeline Corporation	P. O. Box 90, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0	9	27N	5W		

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
08-11-75	09-25-75	4253'	4243'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
7304' GL	PC	4126	Tubingless					
Perforations	Depth Casing Shoe							
4126', 4129', 4158', 4160', 4172', 4174'	4253'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	310'	354 cu. ft.					
7 7/8" and 6 3/4"	2 7/8"	4253'	241 cu. ft.					
Tubingless								

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
624	3 hours		
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Calc. A.O.E.		1064	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. Brices  
(Signature)

Drilling Clerk

October 22, 1975

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED 107 1975, 19

BY Original Signer: J. Hendrick

TITLE \_\_\_\_\_

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 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 multiple