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DISTRIBUTION				
SANTA FE				
FILE		/		
U.S.G.S.			\Box	
LAND OFFICE		<u> </u>		
TRANSPORTER	OIL	7		
	GAS	1		
OPERATOR		1		
PRORATION OFFICE				

December 13, 1974 (Date)

	DISTRIBUTION	NEW MEXICO OIL. CO	ONSERVATION COMMISSION	Form C-104			
	SANTA FE	REQUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65			
	FILE /		AND	Friegrise 1-1-02			
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS			
	LAND OFFICE						
	TRANSPORTER GAS /						
	OPERATOR /						
1.	PRORATION OFFICE	<u></u>					
l	Operator El Paso Natural Gas Co	Gas Company					
	Address						
		. O. Box 990, Farmington, NM · 87401					
	Reason(s) for filing (Check proper box,		I I				
	New We!I	Change in Transporter of: Oil Dry Gas					
	Recompletion	Oil Dry Gas Casinghead Gas Conden					
ı	Change in Ownership	casinghead das					
	If change of ownership give name						
	and address of previous owner						
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.			
	San Juan 27-4 Unit	77 Tapacito PC Ext					
	Location						
		60 Feet From The S Lin	e and 1505 Feet From 7	The <u>E</u>			
	Onit Letter						
	Line of Section 21 Township 27N Range 4W , NMPM, Rio Arriba County						
	PROPERTY AND OF THAT SHOP	TEP OF OIL AND NATURAL GA	.s				
III.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which approx	ved copy of this form is to be sent)			
	F1 Paso Natural Gas Co	mpany	P. O. Box 990 Farming Address (Give address to which appro-	ton, NM, 87401			
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas X	Address (Give address to which appro-	ped copy of this form is to be sent)			
	Northwest Pipeline Cor	poration	P. O. Box 90 Farmingto	on, NM 87401			
	If well produces oil or liquids,		is gas actually commented				
	If this production is commingled with that from any other lease or pool, give commingling order number:						
137	If this production is commingled wincompletion DATA	ith that from any other lease or pool,		Tax 5 1 12 Dat Dut Party			
14.		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.			
	Designate Type of Completi		Y Total Depth	P.B.T.D.			
	Date Spudded	Date Compl. Ready to Prod.		4100			
	10-05-74 Elevations (DF, RKB, RT, GR, etc.)	12-04-74 Name of Producing Formation	Top Gtl/Gas Pay	41281 Tubing Depth			
	7129' GL	Pictured Cliff	3998	Tubingless			
	Perforations			Depth Casing Shoe			
	3998-4004', 4034-40',	3998-4004', 4034-40', 4072-78' TUBING, CASING, AND CEMENTING RECORD					
			DEPTH SET	SACKS CEMENT			
	HOLE SIZE	8 5/8"	252'	520 cu. ft.			
	12 1/4" 7 7/8" and 6 3/4"	2 7/8''	4139'	306 cu. ft.			
	7 770 and 0 371	Tubingless					
			<u> </u>				
V.	. TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be able for this d	after recovery of sotal volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow-			
	Oll. WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
	Date t ust New Cu ttan 10 1						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
			Water-Bble.	Ggs - MCF			
	Actual Prod. During Test	Oil-Bbls.	The second secon				
			The state of the s				
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Candensati			
	1530	3 hours Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Sie			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	•	3//			
	Calc A.O.F.		1072	ATION COMMISSION			
VI	. CERTIFICATE OF COMPLIA	NCE	11	 3 100			
Commission have been complied with and that the information given			APPROVED	APPROVED DEC. 13 151			
			original Signed by A. J. Strategy				
			zza gmathe, kilo tik	TITLE PETROLEUM ANGLINAM SEST. NO. 3			
		∦					
	12 12 12	This form is to be filed in compliance with RULE 1104.					
	M. D. Duce	This form is to be filed in compliance with RULE 1104. If this is a request for silowable for a newly drilled or deel well, this form must be accompanied by a tabulation of the device. (Signature) This form is to be filed in compliance with RULE 1104. If this is a request for silowable for a newly drilled or deel well, this form must be accompanied by a tabulation of the device.					
	(Signature) well, this form must be accompanied with RULE 111.						
	Drilling Clerk	Drilling Clerk (Title) All sections of this form must be filled out completely for all able on new and recompleted wells.					
(Title)			#DIS ON USA SUG 1400mbraces	. sm for absence of compar			

able 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.