

DISTRIBUTION			
SANTA FE			
ILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	/	
	GAS	/	
OPERATOR		/	
PRORATION OFFICE			

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-1
Effective 1-1-65

Operator El Paso Natural Gas Company	
Address P. O. Box 990, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 27-4 Unit	Well No. 125	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, (Federal) or Fee	Lease No. SF080673
Location				
Unit Letter G	1550	Feet From The North	Line and 1717	Feet From The East
Line of Section 8	Township 27-N	Range 4-W	, 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, New Mexico 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, New Mexico 87401				
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 8	Twp. 27-N	Rge. 4-W	Is gas actually connected? When

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 07-21-76	Date Compl. Ready to Prod. 12-09-76	Total Depth 6400'	P.B.T.D. 6383'					
Elevations (DF, RKB, RT, CR, etc.) 6968' GL	Name of Producing Formation Mesa Verde	Top**/Gas Pay 5525'	Tubing Depth 6305'					
Perforations 6028, 6033, 6045, 5525, 5541, 5583, 5593, 5607, 5621, 5629, 5639, 5649, 6023, 6028, 6033, 6045, 6049, 6099, 6106, 6117, 6130, 6151, 6171, 6219, 6265, 6294, 6331, 6361	Depth Casing Shoe 6400'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	223'	224 cu. ft.					
8 3/4"	7"	4184'	253 cu. ft.					
6 1/4"	4 1/2"	4018-6400'	415 cu. ft.					
	2 3/8"	6305'	tubing					

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 5183	Length of Test 3 hours	Bbls. Condensate/ Water 3 hrs. 5	Gravity of Condensate 53.9° API
Testing Method (pitot, back pr.) Calc. A.O.F.	Tubing Pressure (Shut-in) 1024	Casing Pressure (Shut-in) 1024	Choke Size 3/4" Variable

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.

APPROVED _____, 19 _____

BY Original Signature

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.

Supersedes Form C-104 must be filed for each well in multiple

Drilling Clerk

(Title)

January 4, 1977

(Date)