

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
M.O.D.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/>
OPERATOR	<input type="checkbox"/>
REGISTRATION OFFICE	<input type="checkbox"/>
Operator	

El Paso Natural Gas Company

Address  
P.O. Box 289, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 27-4 Unit	Well No. 120	Pool Name, including Formation Tapacito PC Ext.	Kind of Lease State, Federal or <del>Gas</del>	Lease No. SF080675
Location				
Unit Letter K	1560	Feet From The South	Line and 1595	Feet From The West
Line of Section 34	Township 27-North	Range 4-West	NMPM,	Rio Arriba County

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 289, Farmington, New Mexico
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
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
K 34 27-N 4-W	

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

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 10-25-79	Date Compl. Ready to Prod. 3-19-80	Total Depth 6704'	P.B.T.D. 6686'					
Elevations (DF, RKB, RT, GR, etc.) 7251' GL	Name of Producing Formation P.C.	Top <del>Oil</del> /Gas Pay 4060'	Tubing Depth 4148'					
Perforations 4060-4486, 4092-4102, 4118-4140'	Depth Casing Shoe 6704'							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	221'	224 cu. ft.					
8 3/4"	7"	4413'	203 cu. ft.					
6 1/4"	4 1/2" Liner	4278-6704'	421 cu. ft.					
	1 1/4"	4148'						

TEST DATA AND REQUEST FOR ALLOWABLE (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-Bble.	Water-Bble.	Gas-MCF
<b>RECEIVED JUL 25 1980 OIL CON. COM. DIST. 3</b>			
GAS WELL	Actual Prod. Test-MCF/D 1902	Length of Test 3 hours	Bble. Condensate/MMCF
Testing Method (prior, back pr.) Calc. A.O.F.	Tubing Pressure (shut-in) 1002	Casing Pressure (shut-in) 1005	Gravity of Condensate
			Choke Size 3/4 variable

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*[Signature]*  
Drilling Clerk

July 14, 1980

OIL CONSERVATION DIVISION

APPROVED JUL 29 1980, 19

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT #

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 Form C-104 must be filed for each pool in multiply completed wells.