

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**RECEIVED**  
JAN 26 1984  
OIL CON. DIV.  
DIST. 3

**I.**

Operator  
El Paso Natural Gas

Address  
Box 4289, Farmington, New Mexico, 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> 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

Other (Please explain)

If change of ownership give name  
and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name San Juan 27-5 Unit	Well No. 196	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal <del>other</del>	Lease No. SF 079403
Location				
Unit Letter <u>L</u> : <u>1900</u> Feet From The <u>South</u> Line and <u>888</u> Feet From The <u>West</u>				
Line of Section <u>15</u> Township <u>27N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> 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	Box 4289, Farmington, New Mexico, 87499
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	Box 90, Farmington, New Mexico, 87401
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>L</u> Sec. <u>15</u> Twp. <u>27N</u> Rge. <u>5W</u>	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

**VI. 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 is true and complete to the best of my knowledge and belief.

*D. G. Brisco*

(Signature)

Drilling Clerk

(Title)

January 20, 1984

(Date)

OIL CONSERVATION DIVISION  
1-27-84  
JAN 27 1984  
APPROVED  
BY Original Signed by FRANK T. CHAVEZ  
TITLE SUPERVISOR DISTRICT # 3

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 deviatric 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 completed wells.

#### 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 12-19-83	Date Compl. Ready to Prod. 1-12-84		Total Depth 6115'			P.B.T.D. 6085'			
Elevations (DF, RKB, RT, GR, etc.) 6691' GL	Name of Producing Formation Mesa Verde		Top Oil/Gas Pay 4468			Tubing Depth 6051'			
Perforations 5689, 5698, 5707, 5713, 5721, 5729, 5745, 5762, 5787, 5799, 5805, 5812, 5832, 5840, 5850, 5908, 5952, 6015, 6024, 6037, 6058, w/1 Spz, 5805, 5072, 5171, 5181, 5189, 5196, 5215, 5223, 5240, 5255, 5264, 5308, 5320, 5396, 5422, 5432, 5454, 5496, * TUBING, CASING, AND CEMENTING RECORD						Depth Casing Shoe 6115			
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"		9 5/8"		213'		130 cu. ft.			
8 3/4"		7"		3795'		278 cu. ft.			
6 1/4"		4 1/2" Liner		3639' - 6102'		424 cu. ft.			
		2 3/8"		6051'					

#### V. 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-Bbls.	Water-Bbls.	Gas-MCF

#### GAS WELL

Actual Prod. Test-MCF/D	Length of Test Shut In 7 days	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 512	Casing Pressure (Shut-in) 1000	Choke Size

\* w/1 Spz; 4468, 4497, 4503, 4510, 4520, 4527, 4551, 4558, 4640, 4652, 4664, 4704, w/1 Spz.