

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 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator El Paso Natural Gas Company	
Address PO Box 4289, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner

JAN 31 1985

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 27-5 Unit	Well No. 109E	Pool Name, including Formation Basin Dakota	Kind of Lease DIST	Lease No. SF 079393
Location Unit Letter J : 1510 Feet From The South Line and 1710 Feet From The East Line of Section 3 Township 27N Range 5W, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

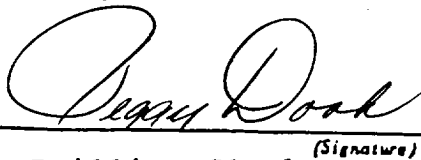
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline	Address (Give address to which approved copy of this form is to be sent) PO Box 90, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. J 3 27N 5W
Is gas actually connected?	When no

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.


(Signature)

Drilling Clerk

January 30, 1985

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED

JAN 31 1985

Original Signed by CHARLES GHOLSON

BY

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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 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 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.
Date Spudded 10-18-84	Date Compl. Ready to Prod. 1-24-85	Total Depth 8077'		P.B.T.D. 8043'					
Elevations (DF, RKB, RT, GR, etc.) 6777' GR	Name of Producing Formation Dakota	Top RT /Gas Pay 7970'		Tubing Depth 7995'					
Perforations 7970-74', 7995-8015' w/2 spf						Depth Casing Shoe 8077'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
13 3/4"	9 5/8"		221'		130 cu. ft.				
8 3/4"	7"		3906'		280 cu. ft.				
6 1/4"	4 1/2"		8077'		741 cu. ft.				
	2 3/8"		7995'						

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 182	Length of Test 24 hrs	Bbls. Condensate/MMCF -0-	Gravity of Condensate
Testing Method (pilot, back pr.) back press	Tubing Pressure (Shut-in) 1947	Casing Pressure (Shut-in) 2190	Choke Size 3/4"