

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
SANTA FE		REQUEST FOR ALLOWABLE			
FILE		AND			
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER					
OIL					
GAS					
OPERATOR					
PRODUCTION OFFICE					
Operator					
El Paso Natural Gas Company					
Address					
Box 990, Farmington, New Mexico 87401					
Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well		Change in Transporter of:			
Recompletion		Oil		Dry Gas <input checked="" type="checkbox"/>	
Change in Ownership		Casinghead Gas		Condensate	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE								
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.				
San Juan 27-4 Unit	36	Tapacito P. C.	State, Federal or Fee	SF 079527				
Location								
Unit Letter	K	1650 Feet From The	South Line and	1700 Feet From The	West			
Line of Section	36	Township	27N	Range	4W	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			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			501 Airport Drive, Farmington, New Mexico 87401			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	36	27N	4W		

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations					Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.	
G. BRISCO	
(Signature)	
(Title)	
JAN 9 1974	
(Date)	

OIL CONSERVATION COMMISSION	
FEB 7 1974	
APPROVED _____, 19 _____	
BY Original Signed by Emery C. Arnold	
TITLE SUPERVISOR 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.	
Supervisor Form C-104 must be filed for each pool in multiply	