| management of the second of th |     | 1 |   |   |
|--|-----|---|---|---|
| DISTRIBUTION   |     | l |   | Í |
| SANTA FE   |     | 1 |   | i |
| FILE   |     |   | - | ۲ |
| U.S.G.S.   |     |   |   |   |
| LAND OFFICE  |     |   |   |   |
| THANSPORTER  | OIL |   |   |   |
|  | GAS |   |   |   |
| OPERATOR   |     |   |   |   |
| PRORATION OFFICE   |     |   |   |   |
| Operator   |     |   |   | _ |

| SANTA FE.  FILE  U.S.G.S.  LAND OFFICE  IHANSPORTER  OPERATOR  PRORATION OFFICE  Operator  The Paso Matural Gas  Address  Box 900, Farmington  Reason(s) for thing (Check proper bo)  New Well  Recompletion  Change in Ownership                                | AUTHORIZATION TO TR.  S Company  1. New Mexico 87401  | ≓i   |   |  |  |
|--|---|--|---|--|--|
| If change of ownership give name<br>and address of previous owner  |   |  |   |  |  |
| Lease Name   | Well No. Pool Name, Including F   |  | 20000   |  |  |
| San Juan 27-4 Unit   | 13 Tapacito P   | . C. State, F  | edyral or Fee SF 080669                         |  |  |
|  | OO Feet From The North Lir  | 47 , NMPM,   | From The East  Rio Arriba County                |  |  |
| DESIGNATION OF TRANSPOR  | TER OF OIL AND NATURAL GA   |  | approved copy of this form is to be sent)       |  |  |
| El Paso Natural Gas  |   | Box 990, Farmington  |   |  |  |
| Name of Authorized Transporter of Co   |   | Address (Give address to which   | approved copy of this form is to be sent)       |  |  |
| Northwest Pipeline   | Unit   Sec.   Twp.   Rge.   | Is gas actually connected?   | Farmington, New Mexico 87401                    |  |  |
| give location of tanks.  | ; G   20   27N ; 4W   |  | 1   |  |  |
| If this production is commingled wind COMPLETION DATA  | ith that from any other lease or pool,  |  |   |  |  |
| Designate Type of Completi   | on - (X) Gas Well Gas Well  | New Well Workover Deepe  | Plug Back   Same Restv.   Diff. Restv.          |  |  |
| 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                               |  |  |
|  | THRING CASING AND   | CEMENTING RECORD   |   |  |  |
| HOLE SIZE  | CASING & TUBING SIZE  | DEPTH SET  | SACKS CEMENT                                    |  |  |
|  |   |  |   |  |  |
|  |   |  |   |  |  |
| TEST DATA AND REQUEST F  | OR ALLOWABLE (Test must be a  | fer recovery of total volume of loa  | d oil and must be equal to or exceed top allow- |  |  |
| OII. WELL  Date First New Oil Run To Tanks   | able for this de  | pth or be for full 24 hours)   Producing Method (Flow, pump, a   |   |  |  |
|  |   |  |   |  |  |
| Length of Test   | Tubing Pressure   | Casing Pressure  | Choke Size                                      |  |  |
| Actual Prod. During Test   | Oil-Bble.   | Water - Bbls.  | Gas/MGF   |  |  |
|  |   |  |   |  |  |
| 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                                      |  |  |
|  |   | 011 501155   | TVATION COMMISSION                              |  |  |
| CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  DEBECTRIM MINITERIAL II |   | FFR 7 1974   |   |  |  |
|  |   | APPROVED, 19   |   |  |  |
|  |   | TITLE PETROLEUM MNGINEMA DIST. NO. 3   |   |  |  |
|  |   |  |   |  |  |
| (Signature)  |   | 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.  |   |  |  |
|  | (Title)  All sections of this form must be filled out completely for all able on new and recompleted wells. |  |   |  |  |
| JAN 1 1974  Fill out only Sections I. II. III. and VI for ch well name or number, or transporter or other such cha  (Date)   |   |  | sporter, or other such change of condition.     |  |  |
|  | , · · · · · · · · · · · · · · · · · · ·   |  |   |  |  |