1.	Box 990, Farmington					
	Operator El Paso Natural Ga					
	PRORATION OFFICE					
	OPERATOR		2	_		
	TRANSPORTER	GAS	/			
	IRANSPORTER	O L	/			
	LAND OFFICE					
1	U.S.G.S.					
	SANTA FE FILE					
	DISTRIBUTION					
ſ	NO. OF COPIES RECEIVED			6		

- - -	DISTRIBUTION SANTA FE FILE		INSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
}	U.S.G.S. LAND OFFICE I RANSPORTER OIL / GAS /	AUTHORIZATION TO TRAN	ASPORT OIL AND NATURAL G	AS		
1.	PRORATION OFFICE					
	Operator El Paso Natural Gas Company					
Box 990, Farmington, New Maxico 87401						
	Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens				
	If change of ownership give name and address of previous owner					
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease N						
	Lease Name Sen Juan 27-5 Unit	121 Basin Dakota	State, Federa	or Fee ST 079394		
İ	Location	Feet From The South Line	and 1840 Feet From 7	The West		
	Unit Letter K ; 1460 Line of Section 28 Town	CYTH	5W , NMPM, Rio Ar			
m.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S Address (Give address to which appro-	ved copy of this form is to be sent)		
	Name of Authorized Transporter of Oil RI Paso Natural Cas	,	Pox 990. Farmington.	New Maxico 87401		
	Name of Authorized Transporter of Cast	nghead Gas 🔲 or Dry Gas 🟋	Address (Give address to which approx Box 990, Farmington,	ved copy of this form is to be sent/		
	El Paso Natural Gas If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. K 28 27N 5W	Is gas actually connected? Who			
	If this production is commingled with	that from any other lease or pool,	give commingling order number:			
IV.	Designate Type of Completion	n - (X) Gas Well X	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	Date Spudded 3-28-70	Date Compl. Ready to Prod.	Total Depth 7630	P.B.T.D. 7613		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Deliota	Top May Gas Pay	Tubing Depth 7582		
	7400-10, 7504-14, 7552-72, 7588-98			7630°		
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	213'	165 Sks.		
	13 3/4" 8 3/4"	7"	3361'	146 Sks.		
	6 1/4"	4 1/2"	7630'	360 Sks.		
	0 1/4	1 1/2"	75821	Tubing		
v	. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to as succeed top allow-		
·	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	KIUL		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Bize 1070		
	Actual Prod. During Test	Oti-Bbis.	Water-Bbls.	OIL CON. COM. DIST. 3		
CAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	3089 Teeting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Calculated A.O.F.	1232 CF	01L CONSERV	ATION COMMISSION		
VI	CERTIFICATE OF COMPLIANCE			MAY 5 1970		
		regulations of the Oil Conservation with and that the information given best of my knowledge and belief.	APPROVED			
			TITLE GRANISOR DIST. #3			
	O. i.e.	Class C. H. WOOD	13	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.		
		Signed F. H. WOOD	well, this form must be accomp			
	Petroleum Engineer		All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I, II, and VI for changes of owner, well name or number, or transporter, or other such change of condition.			
	April 30, 1970	ate)				
	·		Separate Forms C-104 mu completed wells.	Separate Forms C-104 must be filed for each pool in multiply completed wells.		