				l	
٦	NO. OF COPIES RECEIVED				
-	DISTRIBUTION	NEW MENICO OIL C	CONCEDIATION COMMISSION	1	
-	SANTA FE /		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11	
<u> </u>	FILE /	/ REQUEST	AND	Effective 1-1-65	
<u> </u>	u.s.g.s.	ALITHOPIZATION TO TRA	INSPORT OIL AND NATURAL O	245	
-	LAND OFFICE	AUTHORIZATION TO TRA	WHO OR TOLL AND HATOKAE	343	
_ 	OIL /				
	TRANSPORTER GAS /				
H	OPERATOR 2				
.	PROPATION OFFICE			50FH 5	
4. ├	Operator				
ļ	El Paso Natural Ga	s Compa n y		/ (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
<u> </u>	Box 990, Farmingto	on, New Mexico 87401		MAY 3 1971	
<u> </u>	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well	Change in Transporter of:		OIL CON, COM.	
	Recompletion	Oil Dry Ga	ıs 🔛	DIST. 3	
- 1	Change in Ownership	Casinghead Gas Conder	nsate		
a	f change of ownership give name and address of previous owner	EASE Well No. Pool Name, Including F	ormation Kind of Leas	e Leas• No.	
į	San Juan 27-5 Unit				
		124 Basin Dak	.ota	51 079394	
	Unit Letter H ; 1550 Feet From The North Line and 850 Feet From The East				
	Line of Section 28 Tow	rnship 27N Range	5W , NMPM, Rio Ar	County	
111. I	DESIGNATION OF TRANSPORT	CER OF OIL AND NATURAL GA	Address (Give address to which appro	ved copy of this form is to be sent)	
	El Paso Natural Gas Company Box 990, Farmington, New Mexico 87401			w Mexico 87401	
ļ	Name of Authorized Transporter of Casinghead Gas or Dry Gas 🛧			Address (Give address to which approved copy of this form is to be sent)	
	El Paso Natural Gas	Company	Box 990, Farmington, I	New Mexico 87401	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. H 28 27N 5W	Is gas actually connected? Wh	er.	
L	<u> </u>	h that from any other lease or pool,	give commingling order number:		
		n that from any other lease of poor,	Elve comminging order manner		
١٧.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty,	
	Designate Type of Completion	$\mathbf{x} = (\mathbf{X})$	X		
Ì	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. 7632'	
	3-26-71	4-19-71	7660		
Ī	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Sm/Gas Pay	Tubing Depth 7610	
	6454' GL	Dakota	7437		
Ī	Perforations	FEOD F(OAL 7690 201		Depth Casing Shoe 7660'	
	7437-43 , 7330-30 , 7372-7002 , 7000 02				
Ī	TUBING, CASING, AND CEMENTING RECORD				
1	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
Ì	13 3/4"	9 5/8"	240'	290 Sks.	
	8 3/4"	7"	3540'	165 Sks.	
,	6 1/4"	4 1/2"	7660'	225 Sks.	
		1 1/2"	7610'	Tubing	
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 allow able for this depth or be for full 24 hours)				
į	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)	
	- · · ·				
1	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	——————————————————————————————————————				
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
1		1		, ,	

GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D 3 Hours 4272 Choke Size Casing Pressure (Shut-in) Tubing Pressure (shut-in) Testing Method (pitot, back pr.) 3/4" 1457 1277 Calculated A. O. F.

VI. 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.

	Original Signed F. H. WOOD
Petroleum E	(Signature)
4-23-71	(Title)

(Date)

OIL CONSERVATION COMMISSION

MAY 3 1971 APPROVED_ Original Signed by Emery C. Arnold SUPERVISOR DIST. TITLE .

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 multiply completed wells.