1	NO. OF COPIES RECEIVED			5			
	DISTRIBUTION						
	SANTA FE						
Ì	FILE			L	-		
	U.S.G.S.						
	LAND OFFICE						
	TRANSPORTER	OIL	1				
1.		GAS	1				
	OPERATOR						
	PRORATION OFFICE						
	El Paso Natural Gas						
	PO Box 990, Farmin						
	Reason(s) for filing New Well Recompletion Change in Ownership		roper	box)			
	Constitution of the consti						

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65					
	U.S.G.S.	AUTHODIZATION TO TRA	- AND NSPORT OIL AND NATUR <b>AL</b> (						
	LAND OFFICE	AUTHORIZATION TO TRA	NATURAL (	343					
	TRANSPORTER OIL /								
	GAS /								
3.	PRORATION OFFICE		•						
′•	Operator C.								
		El Paso Natural Gas Company							
	PO Box 990, Farmington, NM 87401								
	Reason(s) for filing (Check proper box)	)	Other (Please explain)						
	New Well	Change in Transporter of: Oil Dry Ga							
	Recompletion Change in Ownership	Oil Dry Ga Casinghead Gas Conden	<del></del>						
	If change of ownership give name and address of previous owner								
	DESCRIPTION OF WELL AND	LEASE							
•••	Lease Name	Well No. Pool Name, Including Fo							
	San Juan 27-5 Unit	142 Basin Dakot	a State, Federa	SF 079394					
	Unit Letter B; 990 Feet From The North Line and 1460 Feet From The East								
	Line of Section 33 Tow	vnship 27N Range	5W , NMPM,	Rio Arriba County					
II.		CER OF OIL AND NATURAL GA	<u>S</u>						
	Name of Authorized Transporter of Oil		Address (Give address to which appro						
	El Paso Natural Ga	as Company  singhead Gas or Dry Gas X	PO Box 990, Farm	ington, NM 8/401 ved copy of this form is to be sent)					
	El Paso Natural Ga		PO Box 990. Farm	ington, NM 87401					
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Wh						
	give location of tanks.	B 33 27N 5W							
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:						
•	Designate Type of Completion	on - (X)   Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	3-10-72	5-4-72	7676'	7667'					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
	6496'GL	Dakota	<u> 7480'</u>	7654* Depth Casing Shoe					
	7480-86', 7580-86', 7644-50' 7676'								
		TUBING, CASING, AND	CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT 225 cu. ft.					
	13 3/4'' 8 3/4''	9 5/8"	209' 3520'	209 cu. ft.					
	6 1/4"	4 1/2"	7676'	658 cu. ft.					
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 l	ift. etc.)					
	Total Control	Tubing Pressure	Casing Pressure	Chok Size					
	Length of Test			Max					
	Actual Prod. During Test	Oil-Bbis.	Water - Bbis.	Gag MCFMAT I 19/2					
	GAS WELL DIST. 3								
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condemnate					
	2710	3 hrs. Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size					
	Testing Method (pitot, back pr.)  Calc. AOF	2054	2564	3/4"					
٠,	CERTIFICATE OF COMPLIANCE		<del>                                      </del>	ATION COMMISSION					
			M,	AY 1 1972 19					
	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.		APPROVED, (3						
			BY Original Signed by Emery C. Arnold						
			TITLE SUPERVISOR DIST. #3						
	V: // / ( )		This form is to be filed in compliance with RULE 1104.						
	4thorox		If this is a request for allowable for a newly drilled or deepened						
	(Signature)		iteats taken on the well in accordance with RULE 111.						
	Petroleum Engineer (Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.						
	May 10, 1972		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.						
		nte)	well name or number, or transpor	at he filed for each pool in multifly					
			completed wells.	•					