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DISTRIBUTION			
SANTA FE		7	
*ILE		1	
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IRANSPORTER	OIL	1	
	GAS		
OPERATOR			
PRORATION OFFICE			

NO. OF COPIES NECETIVED 5			/	
DISTRIBUTION /		CONSERVATION COMMISSION	Form C-104	
- YILE. /	REQUEST	FOR ALLOWABLE AND	Supersedes Old C-104 and C-1. Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G		
LAND OFFICE		THE ON OLD HATORAL G	^3	
TRANSPORTER OIL				
GAS /	_		•	
PRORATION OFFICE	_			
Cperator Cperator				
El Paso Natural Gas (Company		June 100 Comment of the Comment of t	
Address				
P. O. Box 990, Farmir	ngton, New Mexico 87401	<u></u>	<u> </u>	
Reason(s) for filing (Check proper both	Change in Transporter of:	Other (Please explain)		
Recompletion	Oil Dry Go	as T		
Change in Ownership	Casinghead Gas Conde	nsate 🔲		
If change of ownership give name and address of previous owner			and the second s	
		•	and the second s	
Lease Name	Well No. Pool Name, Including F	ormation Kind of Lease	Lease No.	
San Juan 27-4 Unit	84 Tapacito P. C.	Ext. State Federal		
Location				
Unit Letter B , 850	O Feet From The N Lir	ne and 1620 Feet From Th	he <u>E</u>	
				
Line of Section 27 To	ownship 27N Range	4W , NMPM, Rio Ar	riba County	
DECICALATION OF TRANSPOR	TED OF OH AND NATURAL CA			
Name of Authorized Transporter of Oi	TER OF OIL AND NATURAL GA	Address (Give address to which approve	ed copy of this form is to be sent)	
El Paso Natural Gas (Company	P. O. Box 990, Farmington	on. New Mexico 87401	
Name of Authorized Transporter of Co	singhead Gas or Dry Gas X	Address (Give address to which approve	ed copy of this form is to be sent)	
Northwest Pipeline Co		P. O. Box 90, Farmington		
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? When	1	
give location of tanks.	B 27 27N, 4W	<u> </u>		
	ith that from any other lease or pool,	give commingling order number:	,	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v	
Designate Type of Completi	on – (X)	x		
Date Spudded	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.	
05-14-74 Elevations (DF, RKB, RT, GR, etc.)	08-22-74	4304 Top Oxl/Gas Pay	4293	
	ı		Tubing Depth	
7272 GL	Pictured Cliff	4128	Tubingless Depth Casing Shoe	
4128-40', 4150-60', 4	1172-901		4304	
4720 40 , 4130 00 , 5	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12 1/4"	8 5/8"	123' GL	106 cu. ft.	
6 3/4"	2 7/8"	4304'	235 cu. ft.	
	Tubingless			
TEST DATA AND DECUEST E	COP ALLOWARIE (Test must be a	fter recovery of total volume of load oil ar	nd must be equal to or exceed top allow	
OIL WELL	able for this de	epth or be for full 24 hours)	in must be equal to or excess top dison	
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	
Table 1 Tour During 1 Tour				
<u> </u>		<u></u>		
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
1685	3 hours	Code December (Charterin)	Chala Siza	
Testing Method (pitot, back pr.) Calc. A.O.F.	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 1051	Choke Size 3/4''	
		<u> </u>		
. CERTIFICATE OF COMPLIAN	CE .	OIL CONSERVAT	TION COMMISSION	
I hereby corrify that the rules and	regulations of the Oil Conservation	APPROVED	<u>SEP</u> , 19	
Commission have been complied	with and that the information given	Original course by Eng	Ony O. Amnora	
above is true and complete to the	e best of my knowledge and belief.	BY		
		TITLESU	PERVISOR DIST. #3	
11 0, 0.		This form is to be filed in co	ompliance with RULE 1104.	
All 1. The account for allowable for a newless		ble for a newly drilled or deepene		
	nature)	well, this form must be accompani tests taken on the well in accord	ied by a tabulation of the deviation	
Drilling Clerk		All sections of this form must	t be filled out completely for allow	
·	itle)	able on new and recompleted wells.		
September 4, 1974		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		