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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

Operator EL PASO NATURAL GAS CO.	
Address BOX 990, FARMINGTON, NEW MEXICO	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name SAN JUAN 27-4 Unit	Well No. Pool Name, including Formation 99 (MV) Blanco Mesa Verde	Kind of Lease State, Federal or Fee	Lease No. SF 080674
Location Unit Letter M ; 915 Feet From The South Line and 1180 Feet From The West			
Line of Section 16 Township 27N Range 4W, NMPM, Rio Arriba County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
EL PASO NATURAL GAS CO.	BOX 990, FARMINGTON, NEW MEXICO
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
NORTHWEST PIPELINE CORPORATION	BOX 90, FARMINGTON, NEW MEXICO
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
M 16 27N 4W	

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
		X	X					
Date Spudded 7/28/78	Date Compl. Ready to Prod. 8/28/78	Total Depth 6761'	P.B.T.D. 6744'					
Elevations (DF, RKB, RT, GR, etc.) 7274 GL	Name of Producing Formation MV	Top Gas Pay 5842'	Tubing Depth 6681'					
Perforations 5842, 5856, 5865, 5876, 5906, 5916, 5934, 5959, 5972, 5978, 6083, 6130, 6156, 6168 w/1 SPZ. 6321, 6327, 6332, 6337, 6342, 6350, 6354, 6367, 6374, 6386, 6393, 6405, 6412, 6434, 6440, 6453, 6485, 6537, 6550, 6580, 6638, 6662, 6684 w/1 SPZ.		Depth Casing Shoe 6761'						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 3/4"	9 5/8"	241'	224 cf.					
8 3/4"	7"	4429'	202 cf.					
6 1/4"	4 1/2" liner	6761'	431 cf.					
	2 3/8"	6681'	Tubing					

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(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 lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 690	Casing Pressure (Shut-in) 1146	Choke Size

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.

J. B. Lucas
(Signature)

Drilling Clerk

(Title)

9/15/78

(Date)

OIL CONSERVATION COMMISSION

OCT 5 1978

APPROVED _____, 19 _____

BY Original and to A. P. Kendrick

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.