ſ	NO. OF COPIES RECEIVED						
	DISTRIBUTION	\top	NEW ME	EXICO OIL C	ONSERVATI	ON COMMIS	SION
	SANTA FE /		,	-	FOR ALLO		21011
	FILE /	1			AND		
	U.S.G.S.		AUTHORIZATI	ON TO TRA	NSPORT O	IL AND N	ATURA
	LAND OFFICE						
	IRANSPORTER GAS /						
	OPERATOR (
1.	PRORATION OFFICE				·		
	Operator P1 Described and Com Community						
	El Paso Natural Gas Company						
1	P. O. Box 990, Farmington, NM 87401						
	Reason(s) for filing (Check prope		OII, NW 6740	<u> </u>	Ot	her (Please	explain)
	New Well	c, 002)	Change in Transpor	ter of:		•	
	Recompletion		OII	Dry Ga	rs 🔲		
	Change in Ownership		Casinghead Gas	Conder	nsate 🔲		
	If change of ownership give na and address of previous owner	'					
11.	DESCRIPTION OF WELL	AND LE	Well No. Pool Nam	ne, Including F	ormation		Kind of
		+					State (F
	San Juan 27-4 Uni	L	<u> 81 Tapa</u>	CILO PL I	CXL		
	Unit Letter M ;_	110	O Feet From The	S Lir	ne and	97	_ Feet F
	Line of Section 24	Towns	hip <u>27N</u>	Range	4W	, NMPM,	Rio
III.	DESIGNATION OF TRANS	PORTE	R OF OIL AND NA	ATURAL GA	NS (C)	ve address to	aubiah i
	Name of Authorized Transporter						
	E1 Paso Natural Gas Company Name of Authorized Transporter of Casinghead Gas or Dry Gas X				P.O. F	ox 990 ve address to	Farm
	·				i		
	Northwest Pipeline		oration	p. Rge.	Is gas actua	ox 90	<u>Farm</u>
	If well produces cil or liquids,			7N	,	•	
	give location of tanks.						
	If this production is commingly	led with	that from any other l	ease or pool,	give commin	igiing order	number
IV.	COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepe
	Designate Type of Com	pletion	- (X)	! v	Y	1	i i
	Date Spudded		ate Compl. Ready to F	Prod.	Total Depth		
	09-09-74	,	1-12-74		11861		
	Elevations (DF, RKB, RT, GR,		ame of Producing Form	mation	Tcp Q11/Ga	s Pay	
	7170' GL		ictured Cliff		4028		
	Perforations	1.			1020		
	4028-38', 4046-56	', 406	4-70', 4084-9	4'			
	TUBING, CASING, AND CEMENTING RECORD						<u> </u>
	HOLE SIZE		CASING & TUB	ING SIZE	1	DEPTH SE	Τ

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

AL GAS Lease Lease No. ederal år Fee SF080672 rom The W County Arriba approved copy of this form is to be sent) ington NM 87401
approved copy of this form is to be sent) ington, NM 87401 Same Res'v. Diff. Res'v. Plug Back P.B.T.D. 41751 Tubing Depth Tuhingless
Depth Casing Shoe 4186' SACKS CEMENT 127' 12 1/4" 8 5/8" 118 cf 4186' 308 cf 2 7/8" 7/8" and 6 3/4" Tuhingless (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Ggs - MCF Water - Bbls. Oil-Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D 1604 3 hours Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) Calc A.O.F. 1117 7/111 OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE NOV 2 APPROVED. 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. By Original Sign SUPERVISOR D TITLE _

sucia (Signature) Drilling Clerk (Title)

November 18, 1974

(Date)

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 silow-able 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.