

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	1
PRORATION OFFICE	

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-110  
Effective 1-1-65

Operator El Paso Natural Gas Company	
Address P. O. Box 990, Farmington, NM *7401	
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. 75	Pool Name, Including Formation Tapacito PC Ext	Kind of Lease State, (Federal) or Fee	Lease No. SF080674
Location Unit Letter <u>D</u> ; <u>790</u> Feet From The <u>N</u> Line and <u>790</u> Feet From The <u>W</u> Line of Section <u>21</u> Township <u>27N</u> Range <u>4W</u> , NMPM, <u>Rio Arriba</u> 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 Company	P. O. Box 990, Farmington, NM 87401
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	P. O. Box 90, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	D 21 27N 4W

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

IV. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.		
	X X X		
Date Spudded 10-26-74	Date Compl. Ready to Prod. 12-19-74	Total Depth 4224'	P.B.T.D. 4213'
Elevations (DF, RKB, RT, GR, etc.) 7169' GL	Name of Producing Formation Pictured Cliff	Top Oil/Gas Pay 4062	Tubing Depth Tubingless
Perforations 4062-68', 4092-98', 4110-16'			Depth Casing Shoe 4224'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	316'	248 cu. ft.
7 7/8" and 6 3/4"	2 7/8"	4224'	234 cu. ft.
	Tubingless		

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, lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL			
Actual Prod. Test-MCF/D 2834	Length of Test 3 hours	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.) Calc. A.O.F.	Tubing Pressure (shut-in)	Casing Pressure (shut-in) 1084	Choke Size 3/4"

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.	
Drilling Clerk January 6, 1975	
OIL CONSERVATION COMMISSION JAN 22 1974 APPROVED BY Original Signed by Emery C. Arnold TITLE SUPERVISOR DIST. #3 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.	