## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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| U.B.G.8.          |       |      |      |
| LAND OFFICE       |       |      |      |
| TRANSPORTER       | OIL   |      |      |
|                   | GAS   |      |      |
| OPERATOR          |       |      |      |

Drilling Clerk

October 19, 1982

(Title)

(Date)

## OIL CONSERVATION DIVISION

Form C-104 Revised 10-1-78

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

|  | F1LE<br>U.S.G.S.   |  | JANTA TE, NE                          | W MEXI  | CO 07501   |                                  |                                       |              | <b>.</b>  |  |
|--|--|--|---------------------------------------|---|--|----------------------------------|---------------------------------------|--------------|---|--|
|  | TRANSPORTER OIL REQUEST FOR ALLOWABLE  |  |                                       |   |  | ,                                |                                       | 70           | beg   |  |
| _  | OPERATOR AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  |  |                                       |   | RAL GAS  |                                  | ্<br>ুন্ত্ৰী                          | 4            |   |  |
| 1.   | Operation Office     Operation   El Paso Natural Gas C   | ompany                                       |                                       |   |  |                                  | · · · · · · · · · · · · · · · · · · · | 1            | <del>]</del>  |  |
|  | Address  |  |                                       |   |  | ···-                             |                                       |              |   |  |
|  | PO Box 4289, Farmingt  |  | 87499<br>                             |   | <del>1</del>   |                                  |                                       | •            |   |  |
|  | Reason(s) for filing (Check proper box New Well  |  | e in Transporter of:                  |   | Other (Please  | explain)                         |                                       |              |   |  |
|  | Recompletion   | Oil  | Dry C                                 | Gas 🔲   |  |                                  |                                       |              |   |  |
|  | Change in Ownership  | Casin  | ghead Gas Cond                        | ensate  |  |                                  |                                       |              |   |  |
|  | If change of ownership give name and address of previous owner   |  | · · · · · · · · · · · · · · · · · · · |   |  |                                  |                                       |              |   |  |
| II.  | DESCRIPTION OF WELL AND  |  |                                       |   |  |                                  |                                       |              |   |  |
|  | San Juan 27-4 Unit   | Well 1                                       | No. Pool Name, Including Blanco Me    |   | _  | Kind of Lease<br>State, (Federal |                                       | CI           | Legse No. 080672                                    |  |
|  | Location Location  |  |                                       |   | ·  | Sidio,(i ddeid                   | ,                                     | SE           | 080672  |  |
|  | Unit Letter D ;  | 940 Feet                                     | From The North L.                     | ine and   | 920  | _ Feet From 7                    | he West                               |              |   |  |
|  | Line of Section 23 To  | wnship                                       | 27N Range                             | 4W  | , NMPM,  | Rio A                            | rriba                                 |              | County  |  |
| II.  | DESIGNATION OF TRANSPOR  |  |                                       |   | · · · · · · · · · · · · · · · · · · ·                                    |                                  |                                       |              |   |  |
|  | Name of Authorized Transporter of Oil or Condensate X  El Paso Natural Gas Company   |  |                                       | Address (Give address to which approved copy of this form is to be sent)  PO Box 4289, Farmington, NM 87499 |  |                                  |                                       |              |   |  |
|  | Name of Authorized Transporter of Car  |  |                                       |   | Address (Give address to which approved copy of this form is to be sent) |                                  |                                       |              | be sent)  |  |
|  | Northwest Pipeline   | Unit :                                       | For The Boa                           |   | PO Box 90, Farmington, NM 87401 Is gas actually connected? When          |                                  |                                       |              |   |  |
|  | If well produces oil or liquids, give location of tanks.   |  | Sec. Twp. Rge. 23 27N 4W              | Is das de   | tudily connecte  | i whe                            | n                                     |              |   |  |
|  | If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA   |  |                                       |   |  |                                  |                                       |              |   |  |
|  | Designate Type of Completic  | on – (X)                                     | Oil Well Gas Well                     | New Well  | Workover   | Deepen                           | Plug Back                             | Same Restv   | v. Diff. Restv                                      |  |
|  | Date Spudded   | 1  | l. Ready to Prod.                     | Total De  | •  | <u></u>                          | P.B.T.D.                              |              | <del>. ' , , , , , , , , , , , , , , , , , , </del> |  |
|  | 7-23-82  | 10-5   |                                       | 63<br>Top 0\0\0   | 94'  |                                  | 6377                                  |              |   |  |
|  | Elevations (DF, RKB, RT, GR, etc.)<br>6897 GL  | Mesa   | a Verde                               | 55  | 38'  |                                  | Tubing Depth<br>6294                  |              |   |  |
| 60   | Perforations 5948',5954',596<br>66',6086',6106',6166',61<br>46',5566',5571',5590',55   | .80',6207                                    | 7',6222',6267',63                     | 303',631  | 5' w/l sp:   | 2. 5538',                        | Depth Casing<br>6394                  | -            |   |  |
| 33   | 46 , 3386 , 3371 , 3396 , 33   | <del></del>                                  | TUBING, CASING, AN                    | D CEMEN   | TING RECOR   | D                                |                                       |              |   |  |
|  | HOLE SIZE  |  | NG & TUBING SIZE                      | 1   | DEPTH SE   | T                                | <del></del>                           | CKS CEME     | NT  |  |
|  | 12 1/4"  | 9 5/   | /8"                                   | <del></del>   | 18'  |                                  | <del></del>                           | cu.ft.       |   |  |
|  | 8 3/4"   | <del></del>                                  | /2" liner                             |   | 18'<br>81-6393'  |                                  | <del></del>                           | cu.ft.       |   |  |
| - 1  | 6 1/4"   |  | /8" tubing                            |   | 274  | <del></del>                      | 430                                   | Cu.IL.       |   |  |
| • l  | TOT DATA AND DECLIERT FO   |  |                                       |   |  | ne of load oil o                 | and must be see                       | ual sa as as | cood top ollow                                      |  |
|  | TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed t able for this depth or be for full 24 hours) |  |                                       |   |  |                                  |                                       |              |   |  |
| Ī  | Date First New Oil Run To Tanks  | Date First New Oil Run To Tanks Date of Test |                                       | Producine   | Producing Method (Flow, pump, gas lif                                    |                                  | (t, etc.)                             |              |   |  |
| ł  | Length of Test   | ngth of Test Tubing Pressure                 |                                       | Casing Pressure   |  | Choke Size                       |                                       |              |   |  |
|  | Actual Prod. During Test   | Oil-Bbls.                                    |                                       | Water - Br  | ole.   | · <u></u>                        | Gas-MCF                               |              | <del></del>   |  |
| 1  |  | <u> </u>                                     |                                       |   | -  | <del></del>                      |                                       | <del></del>  |   |  |
|  | GAS WELL   |  |                                       |   |  |                                  |                                       |              |   |  |
|  | Alctual Prod. Test-MCF/D   | Length of 7                                  | Cost                                  | Bbls. Co  | ndensate/MMCF  | •                                | Gravity of Co                         | ondenegte    |   |  |
| ٤  | Shut In Tolars   | !  | eewe (Shut-in)                        | 1   | ressure (Shut-   | is)                              | Choke Size                            |              |   |  |
| , [  | CERTIFICATE OF COMPLIANC   | 402  |                                       | <del>                                     </del>  | 041  | NSERVAT                          | וטא טואופו                            |              |   |  |
|  | CERTIFICATE OF COMPLIANC   | - <b>-</b>                                   |                                       | 10-   | 31.820   | PT OP.                           |                                       |              |   |  |
| 1  | I hereby certify that the rules and r  | egulations                                   | of the Oil Conservation               | APPRO   | OVED   | 01211                            | 002                                   | 19           | 9   |  |
| nivision have been complied with and that the information given    |  |  |                                       | BU 02   | SUPERVISOR DISTRICT #  |                                  |                                       |              |   |  |
| above is true and complete to the best of my knowledge and belief. |  |  | 11                                    |   |  |                                  |                                       |              |   |  |
|  |  |  |                                       | TITLE   |  |                                  |                                       |              |   |  |
|  |  |  |                                       |   | is form is to  |                                  |                                       |              |   |  |
| Jegay Stadfield  |  |  |                                       | We11 +1   | this is a requ   | be accompan                      | ied by a tabi                         | ulation of   | the deviation                                       |  |
| 14.4   |  |  |                                       |   | aken on the w  | rell in accord                   | iance with R                          | ULE 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