

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I.**

Operator  
El Paso Natural Gas Company

Address  
P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	SEP 27 1985
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	OIL CON. DIV.
	<input type="checkbox"/> Dry Gas	DIST. 3
	<input type="checkbox"/> Condensate	

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. 122	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, (Federal) or Fee	Lease No. SF 080671A
Location Unit Letter <u>J</u> ; <u>1470</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>East</u> Line of Section <u>2</u> Township <u>27N</u> Range <u>4W</u> , NMPM, Rio Arriba Coun.				

**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 4289, Farmington, NM 87499
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)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	J 2 27N 4W No

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

NOTE: Complete Parts IV and V on reverse side if necessary.

**VI. CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

  
(Signature)  
Drilling Clerk  
(Title)  
9-26-85  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_ SEP 27 1985  
BY \_\_\_\_\_ Original Signed by FRANK T. CHAVEZ  
TITLE \_\_\_\_\_ SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all 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 multi-completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well X	New Well X	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res.
Date Spudded 6-8-85	Date Compl. Ready to Prod. 9-25-85	Total Depth 6688'			P.B.T.D. 6674'				
Elevations (DF, RKB, RT, CR, etc.) 7184' GL	Name of Producing Formation Blanco Mesa Verde	Top Oil/Gas Pay 5858'			Tubing Depth 6600'				
Perforations 6490, 6504, 6508, 6512, 6528, 6531, 6534, 6586, 6589, 6593, 6597, 6660,							Depth Casing Shoe 6688'		
* Conti. Perf's Listed Below									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	9 5/8"		232'		142 cu ft				
8 3/4"	7"		4442'		263 cu ft				
6 1/4"	4 1/2" Liner		4290-6688'		416 cu ft				
	2 3/8"		6600'						

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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 1670	Length of Test 3 Hrs.	Bbls. Condensate/MCMF 292 MCF	Gravity of Condensate 0
Testing Method (plug, back pr.) Back Pressure	Tubing Pressure (shut-in) 733	Casing Pressure (shut-in) 1089	Choke Size 3/4"

\* Conti. Perf's:

6611, 6619, 6622 w/1 SPZ. 2nd stage 6255, 6259, 6263, 6267, 6275, 6284, 6287, 6290, 6299, 6302, 6305, 6324, 6328, 6360, 6374, 6377, 6390, 6394, 6397 w/1 SPZ. 3rd stage 5858, 5860, 5875, 5877, 5895, 5897, 5905, 5907, 5917, 5919, w/1 SPZ.