

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

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)
☒ New Well
☐ Recompletion
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
Other (Please explain)

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SEP 12 1985

If change of ownership give name and address of previous owner _____

OIL CON. DIV.
DIST. 9

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 27-5 Unit	Well No. 34A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State (Federal) or Fee	Lease No. SF 079367
Location Unit Letter <u>E</u> ; <u>1930</u> Feet From The <u>North</u> Line and <u>980</u> Feet From The <u>West</u> Line of Section <u>30</u> Township <u>27N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> Coun				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

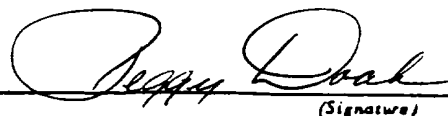
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <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
	E : 30 : 27N : 5W : 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)

9-12-85

(Date)

OIL CONSERVATION DIVISION

SEP 12 1985

APPROVED _____

Original Signed by FRANK T. CHAVEZ

BY _____

TITLE _____ SUPERVISOR DISTRICT 9

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 deviat 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 our well name or number, or transporter, or other such change of condit

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Drill Res
			X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
6-29-85	9-6-85		5715'			5699'			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
6366' GL	Blanco Mesa Verde		4712'			5588'			
Perforations						Depth Casing Shoe			
Lower Pt. 5383, 5401, 5424, 5438, 5460, 5480, 5518, 5540, 5561, 5579,									
* 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"		239'		159 cu ft			
8 3/4"		7"		3411'		282 cu ft			
6 1/4"		4 1/2"		3267-5715'		429 cu ft			
		2 3/8"		5588'					

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2112	3 Hrs.	218 MCF	0
Testing Method (psat, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size
Back Pressure	535	820	3/4"

* Conti. Perf's:

5603, 5610 w/12 SPZ. Massive Pt. 5276, 5280, 5284, 5288, 5301, 5306, 5311, 5316, 5321, 5326, 5344, 5349, 5354, 5359, w/14 SPZ. Cliff House 4712, 4744, 4759, 4766, 4788, 4795, 4802, 4813, 4820, 4827, 4834 w/11 SPZ.