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	GAS	1	
OPERATOR		2	
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

I.

Operator
El Paso Natural Gas Company

Address
Box 990, Farmington, New Mexico

Reason(s) for filing *(Check proper box)*
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other *(Please explain)*

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Turner B Com J	16	Basin Dakota ;	State, Federal or Fee	E-1200-1

Location
Unit Letter K ; 1840 Feet From The South Line and 1840 Feet From The West

Line of Section 2 Township 27N Range 9W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)*
Box 990, Farmington, New Mexico

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]
El Paso Natural Gas Company
Address *(Give address to which approved copy of this form is to be sent)*
Box 990, Farmington, New Mexico

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	2	27N	9W		

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					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-19-66	10-20-66	6931'	C.O. 6873'
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Gas Pay**	**Tubing Depth**
6219' GL	Dakota	6664	6825'
Perforations			**Depth Casing Shoe**
6664-68, 6718-26, 6736-44, 6826-34, 6846-54			6931'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	304'	210
7 7/8"	4 1/2"	6931'	520
	2 3/8"	6825'	Tubing

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)

OIL WELL

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**

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NOV 3 1966
OIL CON. COM.
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
4865	3 Hours		
Testing Method *(pitot, back pr.)*	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Calculated A.O.F.	2065	2072	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.

Original Signed F. H. Wood
(Signature)
Petroleum Engineer
(Title)
October 31, 1966
(Date)

OIL CONSERVATION COMMISSION
APPROVED NOV - 3 1966, 19____
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.

Initial Deliverability Test

FORM C-122-A
EL PASO 8-1-65

NEW MEXICO OIL CONSERVATION COMMISSION

GAS WELL TEST DATA SHEET - SAN JUAN BASIN

Pool BASIN Formation DAKOTA County SJ

Well Name TURNER B COM J #16 75493

Unit K S 2 T 27 R 9 Pay Zone 6664 To 6854 Flow String TUBING

Casing O D 4.500 I D 4.052 Set at 6931 Tubing O D 2.375 I D 1.995 L 6825 Top Perf.

Operator EL PASO NATURAL GAS CO Purchasing Pipeline EL PASO NATURAL GAS COMPANY

Pd: % Of P_c	Comm. Designated P_c, psia	Period Of Test Flow		SIP Measured
50		From 02-03-67	To 02-11-67	10-20-66

	Deadweight Flowing Pressure, psia			Flowing Pressure, psia
Casing	(a)	Tubing (b)	Meter (c)	Chart (d)

	Deadweight Shut-In Pressures, psia		Meter Error	Friction Loss
Casing	2072 (J)	Tubing 2065 (k)	.0008 (e)	0 (f)

	7 Day-Avg. Flowing Pres., psia			
Chart	490 (g)	Corrected 490 (h)	P_t 490 (i)	Gravity .646

G. L. = 4409 $1-e^{-s}$ = .274 F_c 9.402 $(F_cQ)^2$ 46.717

$(1-e^{-s})$ $(F_cQ)^2 = R^2$ = 12800 P_t^2 = 240100 P_w^2 = 252900

$$Q = \frac{727}{\text{(integrated)}} \times \left[\sqrt{\frac{(c)}{(d)} = \frac{1.0000}{}} = 1.0000\right] = 727$$

$$D = Q \frac{727}{} \times \left[\frac{(P_c^2 - P_d^2)}{(P_c^2 - P_w^2)}\right]^n = \left[\frac{3219888}{4040284}\right]^n = \frac{(.7969)^n}{.8434} = 613$$

REMARKS

New Well First Delivered 1-18-67.

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MAR 7 1967
OIL CON. COM.
DIST. 3

D 1C

SUMMARY

P_c = 2072
Q = 727
P_w = 503
P_d = 1036
D = 615

Company EL PASO NATURAL GAS CO

By R. L. KENDRICK

Title AREA GAS WELL TEST ENGINEER

Witnessed By

Company

67061

75493

463