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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well:
~~Recompletion~~

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico November 8, 1963
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

El Paso Natural Gas Co. San Juan 27-5 Unit, Well No. 93, in SW $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)
0, Sec. 31, T. 27N, R. 5W, NMPM., So. Blanco Pictured Cliffs Pool
Unit Letter

Rio Arriba County. Date Spudded 10-4-63 Date Drilling Completed 10-9-63

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P
		X	

890'S, 1800'E
(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	124	110
2 7/8	3344	210

Elevation 6548' OL, 6558' DP Total Depth 3352 FBTD

Top 44/Gas Pay 3219 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3219 - 35

Open Hole None Depth Casing Shoe 3352 Depth Tubing None

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: AOF 2751 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: Calculated A.O.F.

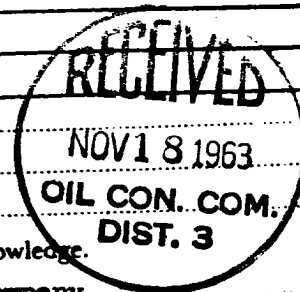
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 31,145 gal. water, 30,000# 10/20 sand

Casing Press 1051 Tubing Press _____ Date first new oil run to tanks _____

Oil Transporter El Paso Natural Gas Company

Gas Transporter El Paso Natural Gas Company

Remarks: _____



I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved NOV 18 1963, 19 _____ El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION
Original Signed By
A. R. KENDRICK

By: _____

Title PETROLEUM ENGINEER DIST. NO. 3

By: OR G. NAL SIGNED E. S. OBERLY
(Signature)

Title Petroleum Engineer

Send Communications regarding well to:

Name E. S. Oberly

Address Box 990, Farmington, N. M.