

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.....October 30, 1957
(Place) (Date)

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

El Paso Natural Gas Co......San Juan 27-4 Unit....., Well No. 11....., in SW $\frac{1}{4}$SE $\frac{1}{4}$
(Company or Operator) (Lease)

O....., Sec. 31....., T. 27N....., R. 4W....., NMPM, Tapacito P. C...... Pool
Unit Letter

Rio Arriba

County. San Juan Date Spudded 8-27-57 Date Drilling Completed 9-3-57

Please indicate location:

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

1090'S, 1550'E

Elevation 7169 Total Depth 4071 ~~BBTD~~ C.C. 4026'

Top Oil/Gas Pay 3964' (Perf.) Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3964-3996

Open Hole None Depth None Casing Shoe 4071 Depth None Tubing 3973'

OIL WELL TEST -

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

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. Choke 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: 4995 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): 40,000 gal. water and 40,000# sand.

Casing 1042 Tubing 1042 Date first new oil run to tanks _____
Press. 1042 Press. 1042

Oil Transporter El Paso Natural Gas Products 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 _____ OCT 31 1957, 19 _____

El Paso Natural Gas Company

(Company or Operator)

Original Signed D. C. Johnston

By: _____ (Signature)

Title Petroleum Engineer

Send Communications regarding well to:

Name E. S. Oberly

Address Box 997, Farmington, New Mexico

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

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