

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 September 11, 1958
(Place) (Date)

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

El Paso Natural Gas Company San Juan 27-5 Unit Well No. 28(PM), in SW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

M, Sec. 25, T. 27N, R. 5W, NMPM., Blanco Pool
Unit Letter

Rio Arriba County. Date Spudded 7-24-58 Date Drilling Completed 8-4-58

Please indicate location:

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

800'S, 800'W

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4"	161'	130
7 5/8"	3634'	250
5 1/2"	2229'	300
2"	5689'	---
1 1/4"	3505'	---

Elevation 6665' Total Depth 5800' ~~XXXX~~ O. 5771'

Top Oil/Gas Pay 5586' (Perf.) Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL - 5586-5606; 5618-5640; 5656-5688;

Perforations 5718-5740; 5746-5756

Open Hole None Depth Casing Shoe 5796' Depth Tubing 5689'

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: 2817 MCF/Day; Hours flowed 3

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

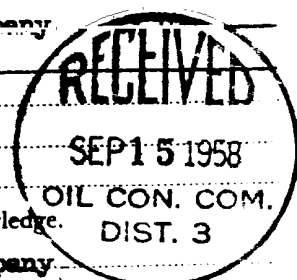
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 65,000 gal. water & 60,000# sand.

Casing _____ Tubing _____ Date first new Press. 1119 oil run to tanks

Oil Transporter El Paso Natural Gas Products Company

Gas Transporter El Paso Natural Gas Company

Remarks: Gulberson Shorty Model Packer @ 3622'.



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

Approved: SEP 15 1958, 19____

El Paso Natural Gas Company
(Company or Operator)

By: Original Signed F. H. WOOD
(Signature)

Title: Petroleum Engineer
Send Communications regarding well to:

Name: E. S. Oberly

Address: Box 997, Farmington, New Mexico

OIL CONSERVATION COMMISSION

Original Signed Emery C. Arnold

By: _____

Title Supervisor Dist. # 3

OIL CONSERVATION COMMISSION		
ATTENDANCE OFFICE		
No. Copies Issued	5	
SECTION		
NO.		
ISSUED		
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J. S. G. S.		
Transporter		
File	1	✓