

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

~~XXXXXX~~
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 5, 1963
(Place) (Date)

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

El Paso Natural Gas Company San Juan 28-6 Unit Well No. 85(PM), in SW 1/4 NE 1/4,
(Company or Operator) (Lease)

G Sec. 25, T. 27N, R. 6W, NMPM., South Blanco Pictured Cliffs Pool
Unit Letter w/o 7-21-63

Rio Arriba County Date Spudded 9-1-59 Date Drilling Completed 9-12-59

Please indicate location:

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

1840'N, 1460'E

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4	163	225
7 5/8	3234	126
5 1/2	2271	350
2 3/8	5265	---
1 1/4"	3067	---

Elevation 6384'GL, 6394'DF Total Depth 5444' CO MTD 5416

Top Oil/Gas Pay 3066 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3066-74; 3084-94; 3102-16

Open Hole None Depth 3245 Casing Shoe 3077

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 load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

GAS WELL TEST -

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

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

Test After ~~XXXXXX~~ Treatment: 881 MCF/Day; Hours flowed 3

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

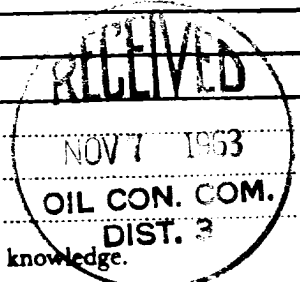
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 35,750 gal. water, 35,000# sand.

Casing 653 Tubing 653 Date first new oil run to tanks

Oil Transporter El Paso Natural Gas Company

Gas Transporter El Paso Natural Gas Company

Remarks: Baker Model "F" Packer at 4573'



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

Approved NOV 7 1963, 19. El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: ORIGINAL SIGNED E. S. OBERLY
(Signature)

By: Original Signed Emery C. Arnold

Title: Petroleum Engineer

Title Supervisor Dist. # 3

Send Communications regarding well to:

Name: E. S. Oberly

Address: Box 990, Farmington, New Mexico