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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 OIL~~
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 QUADRUPPLICATE 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 25, T 27N, R 6W, NMPM., Blanco Mesa Verde Pool

Unit Letter
Rio Arriba

w/o 7-21-63

County Date Spudded 9-1-59 Date Drilling Completed 9-12-59
Elevation 6384' GL, 6394' DF Total Depth 5444' CO 5416'

Please indicate location:

D	C	B	A
E	F	G	H
		X	
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	---

PRODUCING INTERVAL -

Perforations 4760-70, 4802-12, 5272-80, 5308-16, 5328-34, 5342-50, 5388-98

Open Hole None Depth 5441' Casing Shoe 5275

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. 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. 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: _____ 4266 MCF/Day; Hours flowed 3

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

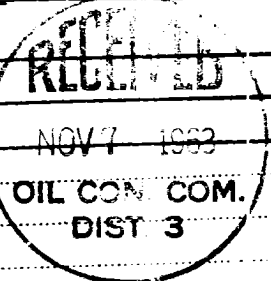
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 60,840 gal. water, 60,000# sand; 30,500 gal. water, 30,000# Sand

Casing Tubing Date first new Press. 8/0 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: _____, 19. _____

El Paso Natural Gas Company

(Company or Operator)

OR G NAL SIGNED E. S. OBERLY

By: _____ (Signature)

Petroleum Engineer

Title: Send Communications regarding well to:

Name: E. S. Oberly

Address: Box 990, Farmington, New Mexico

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title: Supervisor Dist. # 3