

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.....July 25, 1958
(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.....16....., in.....SW.....1/4.....SW.....1/4,
(Company or Operator) (Lease)
M....., Sec. 17....., T. 27N....., R. 4W....., NMPM., East Companero Dak. Ext...... Pool
Unit Letter

Rio Arriba..... County. Date Spudded.....4-16-58..... Date Drilling Completed.....6-12-58.....
Please indicate location: Elevation.....6672..... Total Depth.....8016..... PBTD.....

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

Top Oil/Gas Pay.....7874..... Name of Prod. Form.....Dakota.....

PRODUCING INTERVAL -

Perforations.....7874-8016.....
Open Hole.....7874-8016..... Depth.....8016..... Depth.....2962.....
Casing Shoe Tubing

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.....

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>13 3/8</u>	<u>199'</u>	<u>200</u>
<u>9 5/8"</u>	<u>3712'</u>	<u>1000</u>
<u>5 1/2"</u>	<u>7864'</u>	<u>1200</u>
<u>2"</u>	<u>7938'</u>	<u>---</u>

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

Test After Acid or Fracture Treatment:.....5594..... MCF/Day; Hours flowed.....3.....

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

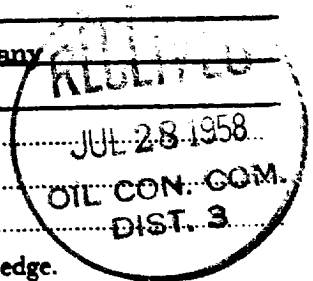
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):.....Acidized open hole w/1000 gal. MCA.....

Casing.....2499..... Tubing.....2482..... Date first new
Press. oil run to tanks

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.....JUL 28 1958....., 19.....El Paso Natural Gas Company.....
(Company or Operator)

OIL CONSERVATION COMMISSION

By:.....Original Signed Emery C. Arnold.....

Title.....Supervisor Dist. # 3.....

By:.....Original Signed D. C. Johnston.....
(Signature)

Title.....Petroleum Engineer.....
Send Communications regarding well to:

Name.....E. S. Oberly.....

Address.....Box 997, Farmington, New Mexico.....

OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
No. Copies Received <u>5</u>		
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	NO. RECEIVED	
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State Land Office		
U. S. G. S.		
Transporter		
File	<u>/</u>	<u>✓</u>