

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

August 31, 1961

(Place)

(Date)

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

El Paso Natural Gas Company San Juan 28-7 Unit Well No. 122, in SE $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

N $\frac{1}{2}$ Sec. 18, T. 27-N, R. 7-W, NMPM, So. Blanco Pictured Cliffs Pool

Unit Letter
R
Rio Arriba

Please indicate location:

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

790'S, 1850'W

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	94	140
2 7/8"	2981	150

County. Date Spudded 7-8-61 Date Drilling Completed 7-20-61
Elevation 6540 G Total Depth 2992 ~~MD~~ c.o. 2984

Top Oil/Gas Pay 2905' (Part) Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 2905-2911; 2914-2920; 2922-2928

Open Hole None Depth 2991 Casing Shoe 2991 Depth 2984 Tubing

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: 1635 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): 27,384 gal water, 25,000# sand

Casing Tubing Date first new
Press. 830 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 SEP 6 1961, 19____

El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

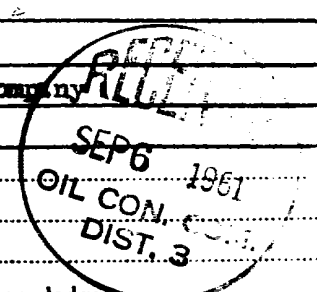
By: Original Signed By
A. R. KENDRICK
Title PETROLEUM ENGINEER DIST. NO. 3

By: Original Signed R. G. MILLER
(Signature)

Title Petroleum Engineer
Send Communications regarding well to:

Name E. S. Oberly

Address Box 990, Farmington, New Mexico



NUMBER OF COPIES RECEIVED DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO		FORM C-110 (Rev. 7-60)	
SANTA FE FILE U.S. LAND TRACT MINERAL OPERATOR		CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE					
Company or Operator El Paso Natural Gas Company			Lease San Juan 28-7 Unit		Well No. 122
Unit Letter N	Section 18	Township 27-N	Range 7-W	County Rio Arriba	
Pool So. Blanco Pictured Cliffs			Kind of Lease (State, Fed, Fee) Federal		
If well produces oil or condensate give location of tanks		Unit Letter	Section	Township	Range
Authorized transporter of oil <input type="checkbox"/> or condensate <input checked="" type="checkbox"/>		Address (give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Products Company					
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input checked="" type="checkbox"/>		Date Connected	Address (give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Company			Box 990, Farmington, New Mexico		
If gas is not being sold, give reasons and also explain its present disposition:					
REASON(S) FOR FILING (please check proper box)					
New Well <input checked="" type="checkbox"/>		Change in Ownership <input type="checkbox"/>			
Change in Transporter (check one)		Other (explain below)			
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>					
Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>					
Remarks					
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with					
Executed this the 20 day of August , 19 61					
OIL CONSERVATION COMMISSION			By		
Approved by Original Signed By A. R. KENDRICK			Original Signed R. G. MILLER		
Title PETROLEUM ENGINEER DIST. NO. 3			Title Petroleum Engineer		
Date			Company El Paso Natural Gas Company		
Address			Box 990, Farmington, New Mexico		