

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
~~XXXXXXXXXXXX~~

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 December 18, 1957
(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. 14-X (MD), in NW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

L, Sec. 18, T. 27N, R. 4W, NMPM., Blanco Pool
Unit Letter

Rio Arriba

County. Date Spudded. 9-29-57 Date Drilling Completed 11-7-57

Please indicate location:

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

1660'S, 1190'W

Elevation 6609' Total Depth 7964' ~~XXXX~~ C.O. 7935

Top Oil/Gas Pay 5252' (Perf.) Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL -

Perforations 5252-5272; 5636-5676; 5694-5704; 5712-5720; 5726-5738

Open Hole None Depth 7574' Depth 7889
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>219</u> | <u>150</u> |
| <u>9 5/8"</u> | <u>3630'</u> | <u>1350</u> |
| <u>7 5/8"</u> | <u>7564'</u> | <u>300</u> |
| <u>5 1/2"</u> | <u>400'</u> | <u>150</u> |
| <u>2"</u> | <u>7889'</u> | <u>---</u> |

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

Test After Acid or Fracture Treatment: 3394 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): 53,700 gal. water & 60,000# sand & 49,000 gal. water & 40,000# sand
Casing 1033 Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter El Paso Natural Gas Products Company

Gas Transporter El Paso Natural Gas Company

Remarks:

Baker Model "D" Packer at 7485'; Garrett sleeve at 5753'.



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

Approved 12-23, 19 57 El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]
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

| COMMISSION | |
|------------|--|
| OFFICE | |
| 5 | |
| 2 | |
| 1 | |
| ✓ | |