

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
~~RENEWAL~~

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 September 23, 1958
(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. 82(PM), in SW $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)

G Sec. 13, T. 27N, R. 6W, NMPM., South Blanco P.C. Pool
Unit Letter

Rio Arriba

County. San Juan Date Spudded 7-3-58 Date Drilling Completed 8-3-58
Elevation 6418' Total Depth 5559' BOC.O. 5518'

Please indicate location:

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

1650'N, 1800'E

Top Oil/Gas Pay 3176' (Perf.) Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3176-3190; 3204-3230; 3246-3268

Open Hole None Depth 5559' Casing Shoe 3349' Depth 3210'
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
load oil used): _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____
Choke

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size Feet Sx

10 3/4"	162'	150
7 5/8"	3339'	200
5 1/2"	2245'	300
2"	5361'	---
1 1/4"	3210'	---

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

Test After Acid or Fracture Treatment: 1494 MCF/Day; Hours flowed 3

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

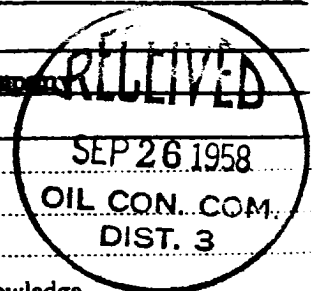
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 39,700 gal. water & 40,000# sand

Casing 1059 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 "HJ" Packer @ 3413'



I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved SEP 26 1958, 19____

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

El Paso Natural Gas Company
(Company or Operator)
Original Signed By:

By: D. W. Meehan (Signature)

Title Petroleum Engineer

Send Communications regarding well to:

Name E. S. Oberly

Address Box 997, Farmington, New Mexico