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LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

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

November 7, 1961

(Place)

(Date)

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

El Paso Natural Gas Company San Juan 28-6 Unit 103 NE SW 1/4

(Company or Operator)

K 27N 6W Basin Dakota Pool

Unit Letter

Rio Arriba

County Date Spudded 8-16-61

Date Drilling Completed 9-13-61

Please indicate location:

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

1700 S, 1850 W

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Size
10 3/4"	271	200
4 1/2"	7718	790
2 3/8"	7648	

Elevation 8988 Total Depth 7736 PBD 7662

Top Oil/Gas Pay 7436 Perf Name of Prod. Form. Dakota

PRODUCING INTERVAL - 7556-62; 7570-76; 7600-06; 7616-22; 7642-48; 7436-40; 7448-56; 7470-74;

Perforations None Depth 7729 Depth 7648
Open Hole 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 _____

Method of Testing (pitot, back pressure, etc.): 3856

Test After Acid or Fracture Treatment: _____ 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): 52,450 gal water, 30,000# sd, 40,000gal water, 40,000# sand

Casing 2715 Tubing 2650 Date first new 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 NOV 8 1961, 19. _____
(Company or Operator)

OIL CONSERVATION COMMISSION

By: (Original Signed Emery C. Arnold)

Title Supervisor Dist. # 3

By: Original Signed D. W. Meehan
(Signature)

Title Petroleum Engineer

Name Send Communications regarding well to: E. S. Oberly

Address Box 990, Farmington, New Mexico

