

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
~~Subsequent~~

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 5, 1959
(Place) (Date)

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

El Paso Natural Gas Co. San Juan 28-7 Unit, Well No. 107 (PM), in NE 1/4 SW 1/4,
(Company or Operator) (Lease)

K 11 27N 7W, NMPM., Blanca Mesa Verde Pool
Unit Letter

Rio Arriba

Please indicate location:

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

1750'S, 1650'W

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4	162	180
7 5/8"	3408	130
5 1/2	2276	350
2"	5456	---
1 1/4	3174	---

County. San Juan Date Spudded 7-30-59 Date Drilling Completed 8-19-59
Elevation 6600' Total Depth 5636' ~~max~~ C.O. 5590'

Top Oil/Gas Pay 4896 (Perf.) Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL - 4896-4902; 4924-4930; 5432-5442; 5452-5464;

Perforations 5480-5486; 5520-5530; 5544-5552

Open Hole None Depth 5636' Casing Shoe 5634' Depth 5456' 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.): _____

Test After Acid or Fracture Treatment: 3270 MCF/Day; Hours flowed 3

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

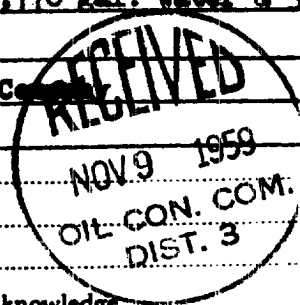
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 43,554 gal. water & 50,000# sand; 29,778 gal. water & 30,000# s.

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. 1063 oil run to tanks

Oil Transporter El Paso Natural Gas Products Company

Gas Transporter El Paso Natural Gas Company

Remarks: Guiberson "AG" Packer set at 4725'



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

Approved: _____ NOV 9 1959 _____, 19____

El Paso Natural Gas Company

(Company or Operator)

ORIGINAL SIGNED R. L. NICKELL, JR.

By: _____ (Signature)

Title Petroleum Engineer

Send Communications regarding well to:

Name E. S. Oberly

Address Box 997, Farmington, New Mexico

OIL CONSERVATION COMMISSION

By: Original Signed Emory C. Arnold

Title Supervisor Dist. # 3