

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
(Place)

August 6, 1959
(Date)

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

El Paso Natural Gas Company San Juan 28-7 Unit, Well No. 103(FM), in NE $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)

A, Sec. 3, T. 27N, R. 7W, NMPM., Blanco Mesa Verde Pool
Unit Letter
Rio Arriba

County. 6-14-59 Date Spudded 6-14-59 Date Drilling Completed 6-24-59
Elevation 6163' Total Depth 5226' ~~and~~ C.O. 5157
Top Oil/Gas Pay 4480' (Perf.) Name of Prod. Form. Mesa Verde

Please indicate location:

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

816'N, 1041'E

PRODUCING INTERVAL - 4480-4500; 4516-4524; 4532-4540; 4546-4554; 5004-5014;
Perforations 5028-5038; 5052-5062; 5072-5082; 5106-5116
Open Hole None Depth 5220' Depth 5008
Casing Shoe 5220' Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. 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. Size _____

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4"	161'	165
7 5/8"	2932'	120
5 1/2"	2321'	386
2"	5008'	---
1 1/4"	2796'	---

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

Test After Acid or Fracture Treatment: 6167 MCF/Day; Hours flowed 3

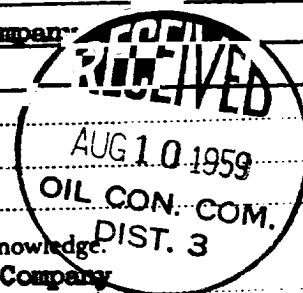
Choke Size 3/4" Method of Testing: Calculated A.O.F.

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 50,000 gal. water & 50,000# sand & 45,500 gal. water & 50,000# Sa
Casing _____ Tubing _____ Date first new _____
Press. _____ Press. 1108 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 4396'.



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

Approved AUG 10 1959, 19____

El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: ORIGINAL SIGNED J.J. TILLERSON
(Signature)

By: Original Signed Emory C. Arnold

Title: Petroleum Engineer
Send Communications regarding well to:

Title: Supervisor Dist. # 3

Name: E. S. Oberly

Address: Box 997, Farmington, New Mexico