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	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 6, 1962
(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. 109, in NW $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)
B Sec. 1, T 27-N, R 6-W, NMPM, Basin Dakota Pool
Unit Letter
Rio Arriba County Date Spudded 7-31-62 Date Drilling Completed 8-20-62

Please indicate location:

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

Elevation 6535 ~~DF~~ Total Depth 7775 ~~C.O.~~ 7735
Top Oil/Gas Pay 7514 ~~Perf~~ Name of Prod. Form. Dakota

PRODUCING INTERVAL - 7514-18; 7536-40; 7627-31; 7641-45; 7675-79; 7698-7704

Perforations _____
Open Hole None Depth 7775 Depth 7660
Casing Shoe 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 _____

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

Test After Acid or Fracture Treatment: 7264 MCF/Day; Hours flowed 3

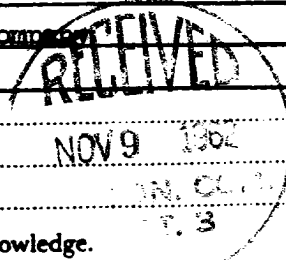
Choke Size 3/4" Method of Testing: Calculated A.O.F.

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 80,000 gallons water, 78,000# sand

Casing Press. 2683 Tubing Press. 2684 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 5, 1962, 19____, El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold
Title Supervisor Dist. # 3

By: ORIGINAL SIGNED H.E. McANALLY
(Signature)

Title Petroleum Engineer
Send Communications regarding well to:

Name E. S. Oberly

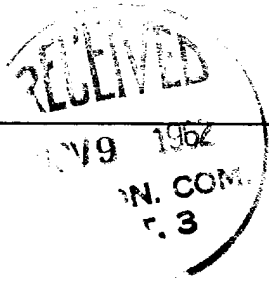
Address Box 990, Farmington, New Mexico

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NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

FORM C-110
 (Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator El Paso Natural Gas Company				Lease San Juan 28-6 Unit		Well No. 109	
Unit Letter B		Section 1		Township 27-N		Range 6-W	
Pool Basin Dakota				Kind of Lease (State, Fed, Fee) Federal			
If well produces oil or condensate give location of tanks				Unit Letter B		Section 1	
				Township 27-N		Range 6-W	
Authorized transporter of oil <input type="checkbox"/> or condensate <input checked="" type="checkbox"/>				Address (give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Basin Company							
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input checked="" type="checkbox"/>				Date Connected		Address (give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company						Box 990, Farmington, New Mexico	
If gas is not being sold, give reasons and also explain its present disposition:							
<p align="center">REASON(S) FOR FILING (please check proper box)</p> <p>New Well <input checked="" type="checkbox"/> Change in Ownership <input type="checkbox"/></p> <p>Change in Transporter (check one) Other (explain below)</p> <p>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/></p> <p>Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/></p>							
Remarks <div align="right">  </div>							
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.							
Executed this the <u>5th</u> day of <u>November</u> , 19 <u>62</u> .							
OIL CONSERVATION COMMISSION				By			
Approved by				ORIGINAL SIGNED H.E. McANALLY			
Original Signed Emery C. Arnold				Title			
Title				Company			
Supervisor Dist. # 3				El Paso Natural Gas Company			
Date				Address			
NOV 9 1962				Box 990, Farmington, New Mexico			