

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 QUADRUPPLICATE 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 January 28, 1958
(Place) (Date)

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

El Paso Natural Gas Company Huerfano Unit Well No. 94 in SE $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)
P Sec. 22 T. 26N R. 9W NMPM, Ballard P. C. Pool

San Juan
Unit Letter

Please indicate location:

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

990 S, 1090E

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	117'	100
5 1/2"	2092'	150
1 1/4"	2030'	---

County. San Juan Date Spudded 12-3-57 Date Drilling Completed 12-6-57
Elevation 6381 Total Depth 2106' ~~2106'~~ C.O. 2053

Top Oil/Gas Pay 1996' (Perf.) Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 1996-2043

Open Hole None Depth 2102' Depth Casing Shoe 2102' Depth Tubing 2030'

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: 1085 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): 30,170 gal. water & 30,000# sand.

Casing 584 Tubing 584 Date first new oil run to tanks _____
Press. _____ Press. _____

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 JAN 30 1958, 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 D. C. Johnson
(Signature)

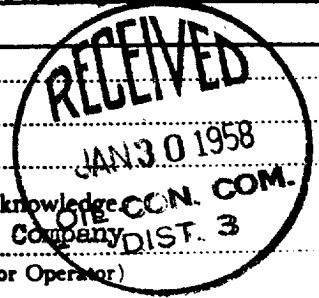
Title Petroleum Engineer

Send Communications regarding well to:

E. S. Oberly

Name _____

Address Box 997, Farmington, New Mexico



OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
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Transporter		
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