

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.

Durango, Colorado December 1, 1959
(Place) (Date)

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

Tennessee Gas Transmission Co., USA W. O. Berger, Well No. 4, in NE $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)

C, Sec. 22, T. 26N, R. 11W, NMPM, Undesignated Dakota Pool
Unit Letter

San Juan

County. Date Spudded 7-20-59 Date Drilling Completed 8-7-59
Elevation 6319 GL Total Depth 6374 PBTD 6283

Please indicate location:

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

Top Oil/Gas Pay 6140 Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 6143-47, 6177-79, 6187-6215

Open Hole _____ Depth _____ Casing Shoe 6323 Depth _____ Tubing 6176

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 load oil used): _____ bbls, oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

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: 4798 MCF/Day; Hours flowed 3

Choke Size 3/4 Method of Testing: choke

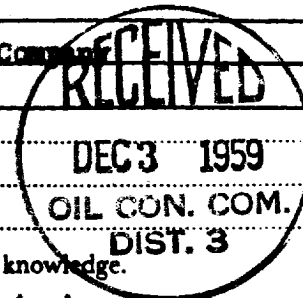
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 39,000 gals water, 103,000 lbs sand

Casing _____ Tubing _____ Date first new _____
Press. 805 Press. 345 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 DEC 3 1959, 19. Tennessee Gas Transmission Company
(Company or Operator)

OIL CONSERVATION COMMISSION

Original Signed Emery C. Arnold

By: _____ Title District Production Superintendent
Send Communications regarding well to:

Title _____ Name R. N. Walker

Address P.O. Box 1714, Durango, Colorado

| | | |
|------------------------------------|--------|---|
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