

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (UPE) - (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.

Durango, Colorado

January 25, 1960

(Place)

(Date)

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

Tennessee Gas Transmission Co. **W.O. Berger Gas Unit A** **1** **NW** **SE**
(Company or Operator) Well No. _____, in _____ 1/4 _____ 1/4,
Unit Letter **21**, Sec. **26N**, T. **11W**, R. _____, NMPM., _____ **Undesignated Dakota** Pool

San Juan

County **San Juan** Date Spudded **11/15/59** Date Drilling Completed **12/9/59**
Elevation **6222 GL** Total Depth **6146** PBDT **6105**

Please indicate location:

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

Top Oil/Gas Pay **5996** Name of Prod. Form. **Dakota**

PRODUCING INTERVAL -

Perforations **5996-98, 6038-70**

Open Hole _____ Depth **6141** Depth **5967**
Casing Shoe _____ 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 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: **2312** 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): **80,000 gal. water, 120,000# sand**

Casing **809** Tubing **164** Date first new _____
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter **El Paso Natural Gas Products Co.**

Gas Transporter **El Paso Natural Gas Co.**

Remarks: **Well currently shut in waiting on pipe line connection.**

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

Approved: **FEB 8 1960**, 19____

Tennessee Gas Transmission Company

(Company or Operator)

By: **R. N. Walker**
(Signature)

Title: **District Production Superintendent**

Send Communications regarding well to:

R. N. Walker

Name: _____

Address: **P.O. Box 1714, Durango, Colorado**

OIL CONSERVATION COMMISSION

By: **Original Signed Emery G. Arnold**

Title: **Supervisor Dist. # 3**

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