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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 June 12, 1961
(Place) (Date)

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

El Paso Natural Gas Company San Juan 28-5 Unit Well No. 52, in SW $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)

G, Sec. 33, T. 28N, R. 5W, NMPM, Blanco Mesa Verde Pool
Unit Letter

Rio Arriba

Please indicate location:

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

1650'N, 1550'E
(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Size
9 5/8	144	140
7"	3659	90
2 7/8"	5796'	253

County San Juan Date Spudded 3-24-61 Date Drilling Completed 4-2-61
Elevation 6601 Total Depth 5814 ~~BBT C.O.~~ 5779'
Top Oil/Gas Pay 5224' (Perf.) Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL -

Perforations 5224-5232; 5274-5284; 5292-5298; 5632-5638; 5664-5670;
5684-5698; 5708-5712; 5728- Depth 5734 Depth
Open Hole None Casing Shoe 5806 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: 2304 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): 99,780 gal. water only

Casing Press. 1095 Tubing Press. _____ Date first new oil run to tanks _____
Oil Transporter El Paso Natural Gas Products Company
Gas Transporter El Paso Natural Gas Company

Remarks: _____

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JUN 14 1961

CON. COM.

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved JUN 14 1961, 19____ El Paso Natural Gas Company
(Company or Operator)

Original Signed R. G. MILLER

By: _____ (Signature)

Title Petroleum Engineer

Send Communications regarding well to:
Name E. S. Oberly

Address Box 990, Farmington, New Mexico

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

STATE OF NEW MEXICO	
OIL CONSERVATION COMMISSION	
AZTEC DISTRICT OFFICE	
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