

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 **August 22, 1960**

(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. **41 (MD)** in **NE** $\frac{1}{4}$ **NE** $\frac{1}{4}$

(Company or Operator)

(Lease)

A Sec. **32** T. **28 N** R. **5 W** NMPM. **Companero Dakota Ext.** Pool

Unit Letter

Rio Arriba

County. Date Spudded **5-2-60** Date Drilling Completed **5-21-60**

Elevation **5536** Total Depth **7857** Casing Depth **7819**

Top Oil/Gas Pay **7570 (Perf)** Name of Prod. Form. **Dakota**

PRODUCING INTERVAL - **7570-7578; 7587-7600; 7625-7630; 7669-7675;**

Perforations **7688-7694; 7715-7721; 7732-7746**

Open Hole **None** Depth **7852** Depth **7754**
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: **3991** MCF/Day; Hours flowed **3**

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

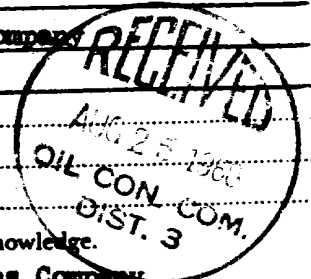
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **59,000 gal water & 55,000 # sand**

Casing Tubing Date first new
Press. **2582** oil run to tanks

Oil Transporter **El Paso Natural Gas Products Company**

Gas Transporter **El Paso Natural Gas Company**

Remarks **Baker Model "D" packer set at 7130'**



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

Approved **AUG 25 1960** , 19_____

El Paso Natural Gas Company

(Company or Operator)

Original Signed **D. W. Meehan**

By: _____
(Signature)

OIL CONSERVATION COMMISSION

By: **Original Signed Emory C. Arnold**

Title: **Petroleum Engineer**

Send Communications regarding well to:

Title **Supervisor Dist. # 3**

Name: **E. S. Oberly**

Address: **Box 990, Farmington, New Mexico**

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OIL CONSERVATION COMMISSION	
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