

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 $\frac{1}{4}$,

A (Company or Operator) 28N (Leve) 5W Blanco Mesa Verde
Sec. 32, T. 28N, R. 5W, NMPM., Pool

Unit Letter
Rio Arriba

County. San Juan Date Spudded 5-2-60 Date Drilling Completed 5-21-60
Elevation 6547 Total Depth 7857 PBD 7819

Please indicate location:

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

619 N, 1090 E

Top Oil/Gas Pay 5536(Perf) Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL - 5536-5546; 5552-5560; 5574-5580;

Perforations 5586-5590; 5598-5608; 5614-5619; 5644-5650

Open Hole None Depth 7852 Depth Casing Shoe 7852 Depth Tubing 5659

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke 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 _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8"	284	300
9 5/8"	3581	190
7"	7841	1120
2"	7754	
2"	5659	

Method of Testing (pitot, back pressure, etc.): 11,190

Test After Acid or Fracture Treatment: _____ 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): 58,000 gal water & 50,000 # sand.

Casing 1058 Tubing 1058 Date first new
Press. 1058 Press. 1058 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, 1960

El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: (Original Signed Emery C. Arnold)

Title Supervisor Dist. # 3

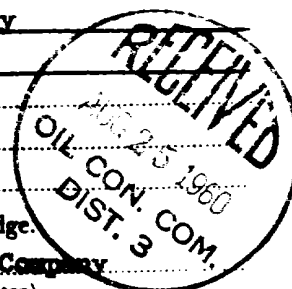
By: Original Signed D. W. Meahan
(Signature)

Title Petroleum Engineer

Send Communications regarding well to:

Name E. S. Oberly

Address Box 990, Farmington, New Mexico



STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
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