

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR ~~WELL~~ - (GAS) ALLOWABLE

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 - December 6, 1962

(Place)

(Date)

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

J. Glenn Turner - Owner

(Company or Operator)

G

14

Sec.

T 29-N

(Lease)

10-W

Well No. **2-14** in **SW** $\frac{1}{4}$ **NE** $\frac{1}{4}$,

NMPM, **Basin Dakota** Pool

Unit Letter

San Juan

County. Date Spudded **Sep. 16, 1962** Date Drilling Completed **Oct. 14, 1962**

Please indicate location:

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

Elevation **5,904** Total Depth **6,958** PBD **6,910**

Top ~~Oil~~/Gas Pay **6,685** Name of Prod. Form. **Dakota**

PRODUCING INTERVAL -

Perforations **6,685'-6,690'; 6,756'-6,761, 6773-6,778**

Open Hole _____ Depth **6,958** Depth **6,680**
Casing Shoe _____ Tubing _____

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

GAS WELL TEST -

Natural Prod. Test: ~~2,975 (Aof)~~ MCF/Day; Hours flowed **13** Choke Size ~~2 1/2~~

Method of Testing (pitot, back pressure, etc.): **Pitot**

Test After Acid or Fracture Treatment: **2,975 (Aof)** MCF/Day; Hours flowed **3**

Choke Size **.75** Method of Testing: **Pitot**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **Sand/water - 80,000/ 20-40 sand, 80,000 gal/water**

Casing **2,094** Tubing **2,091** Date first new oil run to tanks _____
Press. _____ Press. _____

Oil Transporter _____

Gas Transporter **El Paso Natural Gas Company will be.**

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved: **DEC 10 1962**, 19____

OIL CONSERVATION COMMISSION

By: **Original Signed by W. B. Smith**
Title: **DEPUTY DIR. & GAS INSPECTOR DIST. NO. 3**

By: **J. GLENN TURNER**
(Company or Operator)
By: _____
(Signature)

Title: **C. Deeson Neal, Agent in Farmington**
Send Communications regarding well to:

Name: **C. Deeson Neal**

Address: **P. O. Box 726 - Farmington, New Mexico**

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
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