

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 January 20, 1958
(Place) (Date)

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

El Paso Natural Gas Company Howell 2-G , Well No. 2-G , in SW 1/4 SW 1/4 ,
(Company or Operator) (Lease)
M , Sec. 6 , T. 30N , R. 8W , NMPM, Blanco Pool
Unit Letter

San Juan County. Date Spudded 9-24-57 Date Drilling Completed 11-23-57
Elevation 6024 Total Depth 5268 PERC.O. 5260'

Please indicate location:

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

990S, 990W

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4"	162'	150
7 5/8"	3094'	250
5 1/2"	2216'	300
2"	5208'	---

Top Oil/Gas Pay 4584' (Perf.) Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL 4584-4606; 4628-4642; 4654-4668; 4672-4696;
Perforations 5064-5072; 5102-5142; 5152-5166; 5188-5200; 5220-5250

Open Hole None Depth 5266' Depth 5208'
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 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: 19,560 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): 61,100 gal. water & 60,000# Sand & 40,900 gal. water & 40,000# Sand

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

Oil Transporter El Paso Natural Gas Products Company

Gas Transporter El Paso Natural Gas Company

Remarks: _____

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

Approved: _____ JAN 23 1958, 19 _____

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold
Oil and Gas Inspector Dist. #3.
Title _____

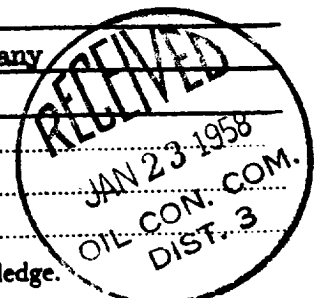
El Paso Natural Gas Company
(Company or Operator)

By: _____
Original Signed F. H. WOOD
(Signature)

Title: Petroleum Engineer
Send Communications regarding well to:

Name E. S. Oberly

Address Box 997, Farmington, New Mexico



OIL CONSERVATION COMMISSION	
AZTEC DISTRICT OFFICE	
No. Copies Received	
DISTRICT	
DATE	
FILED	
FILE	