

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 QUADRUPPLICATE 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 28, 1961
(Place) (Date)

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

El Paso Natural Gas Company Mudge, Well No. 13 (MD), in NW 1/4 NE 1/4,
(Company or Operator) (Lease)
G Sec. 20, T. 31-N, R. 11-W, NMPM, Basin Dakota Pool

Unit Letter
San Juan

County. Date Spudded 2-26-55 Date Drilling Completed RE- 6-6-61
Elevation 6146 (G) Total Depth 7423 *RD 7380
Top Oil/Gas Pay 7146' (Perf) Name of Prod. Form. DAKOTA

Please indicate location:

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

1500' N, 1775' E

PRODUCING INTERVAL -
Perforations 7146-56; 7230-48
Open Hole None Depth Casing Shoe 7207 Depth Tubing 7248

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 _____

Tubing, Casing and Cementing Record
Size Feet Sax

9 5/8"	161	125
7"	489	500
5 1/2"	5274	200
4"	2249	250
2 1/16"	7248	
1 1/4"	5108	

Baker Model "N" Packer set at 5140

Method of Testing (pitot, back pressure, etc.):
Test After Acid or Fracture Treatment: 2068 MCF/Day; Hours flowed 3
Choke Size 3/4" Method of Testing: Calc. A.O.F.

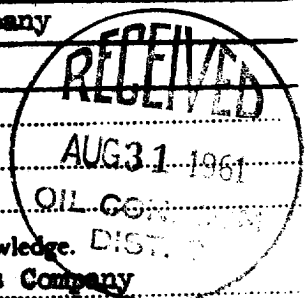
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 43,609 gal water, 45,000# sand

Casing 6 3/4" Tubing 1939 Date first new
Press. _____ Press. _____ oil run to tanks

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

Gas Transporter _____

Remarks:



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

Approved AUG 31 1961, 19

El Paso Natural Gas Company
(Company or Operator)

By: Original Signed R. G. MILLER
(Signature)

OIL CONSERVATION COMMISSION

Original Signed Emery C. Arnold

By: _____

Title: Petroleum Engineer

Title: Supervisor Dist. # 3

Send Communications regarding well to:

Name: E. S. Oberly

Address: Box 990, Farmington, New Mexico

STATE OF MEXICO	
OIL CONSERVATION COMMISSION	
DISTRICT OFFICE	
NUMBER OF CARRIAGES REGISTERED	
DATE	
AREA	1
STATION	1
DISTRICT OFFICE	
TRANSPORTER	
PRODUCTION OFFICE	1
OPERATOR	2