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PRODUCTION OFFICE	
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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
~~Recompletion~~

CORRECTED COPY

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.

Corr. Mar. 5, 1963

Farmington, New Mexico

February 20, 1958

(Place)

(Date)

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

El Paso Natural Gas Company Allison Unit, Well No. 12(MD)(OWO), in SW 1/4 NE 1/4,

(Company or Operator)

(Lease)

G 14, Sec. 14, T. 32-N, R. 7-W, NMPM., Blanco Mesa Verde Pool

Unit Letter

San Juan

County. Date Spudded 6-7-57 Date Drilling Completed 12-27-57
Elevation 6647' Total Depth 8320' C.O. 12-27-57

Please indicate location:

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

1825'N, 1550'E

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8"	191	225
9 5/8"	3695	1380
7 5/8"	6030	300
5"	2341	225
2"	8116	

Top Oil/Gas Pay 5796 (Perf) Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL -

Perforations 5796-5812; 5822-5832; 5842-5850; 5860-5870;

Open Hole None Depth 6040 Depth Tubing 8116

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 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: 7490 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): 60,000 gallons water, 50,000 sand

Casing 1563 Tubing Press. _____ Date first new oil run to tanks _____

Oil Transporter El Paso Natural Gas Company

Gas Transporter El Paso Natural Gas Company

Remarks: _____

Baker Model "D" Packer @ 5949'

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

Approved: MAR 12 1963, 19 _____

El Paso Natural Gas Company

(Company or Operator)

By: ORIGINAL SIGNED E. S. OBERLY (Signature)

Title: Petroleum Engineer

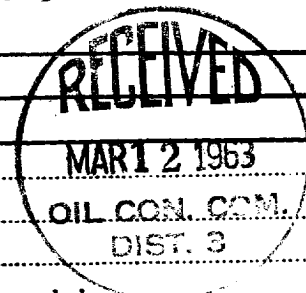
By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

Send Communications regarding well to:

Name: E. S. Oberly

Address: Box 990, Farmington, New Mexico



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(Place)

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OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

By: ORIGINAL SIGNED E. S. OBERLY
(Signature)

Title Petroleum Engineer

Send Communications regarding well to:
Name E. S. Oberly

Address Box 990, Farmington, New Mexico

