

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 September 29, 1958
(Place) (Date)

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

El Paso Natural Gas Company **Allison Unit**, Well No. **13 (MD)**, in **SW** $\frac{1}{4}$ **SW** $\frac{1}{4}$,
(Company or Operator) (Lease)

M **12** **T. 32N**, **R. 7W**, **NMPM.**, **N. Los Pinos Dakota** Pool
Unit, Section Township Range, NMPM., N. Los Pinos Dakota Pool

San Juan

County, Date Spudded **6-11-57** Date Drilling Completed **3-31-58**
Elevation **6590'** Total Depth **8150'** PBDT **8081' Top of fish**

Please indicate location:

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

890'S, 950'W

Top Oil/Gas Pay **7984' (Perf.)** Name of Prod. Form. **Dakota**

PRODUCING INTERVAL -

Perforations **7984-7993; 8032-8070**

Open Hole **None** Depth Casing Shoe **8148'** Depth Tubing **8011'**

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	S&W
13 3/8"	196'	200
9 5/8"	3572'	1500
5 1/2"	8138'	1350
2"	5875'	---
1 1/4"	2136'	---

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

Test After Acid or Fracture Treatment: **2093** 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): **53,521 gal. water & 53,000# sand, M.V. & Dak. 125,000 gal. water & 116,000# sand**
Casing _____ Tubing _____ Date first new _____
Press. _____ Press. **2427** 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 5879'**

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

Approved **OCT 2 1958**, 19____

El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: **Original Signed Emery C. Arnold**

Title **Supervisor Dist. # 3**

Original Signed By:
By: **D. W. Meehan** (Signature)

Title **Petroleum Engineer**

Send Communications regarding well to:

Name **E. S. Oberly**

Address **Farmington, New Mexico (Box 997)**

OIL CONSERVATION COMMISSION		
DISTRICT OFFICE		
HARRISBURG, PA.		
DATE: 10/1/54		
TO: Mr. [illegible]	FROM: Mr. [illegible]	
Subject: [illegible]	2	
Priority: [illegible]	1	
Re: [illegible]	1	
State: [illegible]		
U. S. G. S.		
Approved: [illegible]		
Special Agent in Charge	1	✓