

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 August 30, 1961
(Place) (Date)

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

El Paso Natural Gas Company Heaton , Well No. 16 , in NW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)
L , Sec. 28 , T. 31-N , R. 11-W , NMPM, Basin Dakota Pool
Unit Letter

San Juan

Please indicate location:

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

1843 S, 1056 W

Tubing, Casing and Cementing Record

| Size | Feet | Sax |
|---------|------|-----|
| 10 3/4" | 279 | 310 |
| 7 5/8" | 2645 | 150 |
| 4 1/2" | 7197 | 410 |
| 2 3/8" | 7128 | |

County San Juan Date Spudded 6-12-61 Date Drilling Completed 7-15-61
Elevation 5911 (G) Total Depth 7210 ~~MCBTD~~ c.o. 7160

Top Oil/Gas Pay 6840' (Perf) Name of Prod. Form. Dakota

PRODUCING INTERVAL - 7124-34; 6890-98; 6966-74;

Perforations 6984-82; 7024-32; 7048-56;

Open Hole None Depth 7209 Depth Casing Shoe 7209 Depth Tubing 7128

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 Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke 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: 5113 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): 10,000 gal water, 10,000# sand; 58,630 gal water, 60,000# sand

Casing 1994 Tubing 2032 Date first new Press. _____ oil run to tanks _____

Oil Transporter El Paso Natural Gas Company (Products)

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 SEP 6 1961 , 19____

El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

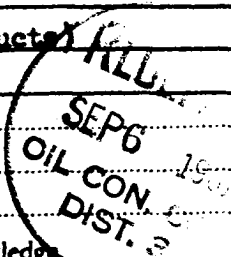
By: Original Signed R. G. MILLER
(Signature)

Title Petroleum Engineer

Send Communications regarding well to:

Name E. S. Oberly

Address Box 990, Farmington, New Mexico



| | | | |
|----------------|--|--|--|
| 1. NAME | | | |
| 2. ADDRESS | | | |
| 3. CITY | | | |
| 4. STATE | | | |
| 5. ZIP | | | |
| 6. PHONE | | | |
| 7. FAX | | | |
| 8. E-MAIL | | | |
| 9. OCCUPATION | | | |
| 10. EDUCATION | | | |
| 11. EXPERIENCE | | | |
| 12. REFERENCES | | | |
| 13. COMMENTS | | | |