

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - ~~ALLOWABLE~~ 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

April 18, 1960

(Place)

(Date)

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

El Paso Natural Gas Products Co. **Horseshoe Ute**, Well No. **42**, in **SW** **NE**
(Company or Operator) (Lease)
G, Sec. **27**, T. **31N**, R. **16W**, NMPM., **Horseshoe Gallup** Pool
Unit Letter

San Juan

County. Date Spudded **3-24-60** Date Drilling Completed **3-27-60**
Elevation **5509' G.L.** Total Depth **1538'** **xxx COTD 1495'**
Top Oil/Gas Pay **1446' (Perfs.)** Name of Prod. Form. **Gallup**

Please indicate location:

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

1940'N & 1960'E

PRODUCING INTERVAL -

Perforations **1446' - 1471' 2 shots/foot**

Open Hole **None** Depth **1537'** Depth Casing Shoe **1484'**

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 load oil used): **18** bbls. oil, **No** bbls water in **24** hrs, _____ min. Choke - _____

GAS WELL TEST -

Pumping 14 spm --- 26" stroke.

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

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

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **See Remarks**

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks **April 13, 1960**

Oil Transporter **El Paso Products Pipeline Company**

Gas Transporter **None**

Remarks: **Sandoil fracked perfs. (1446' - 1471') with 64,000 gals. oil and 75,000# sand. Frashed with 1900 gals. oil. Spotted 250 gals. mud acid ahead of frack job.**

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

Approved: **APR 20 1960**, 19_____

El Paso Natural Gas Products Company
(Company or Operator)

OIL CONSERVATION COMMISSION

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

Title **Supervisor Dist. # 3**

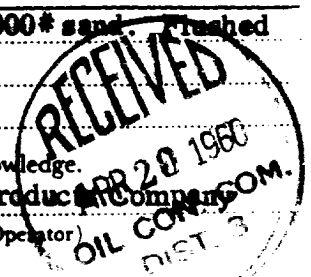
By: _____
(Signature)

Title **Petroleum Engineer**

Send Communications regarding well to:

Name **Ewell N. Walsh**

Address **Box 1565, Farmington, New Mexico**



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COUNTY OF BAYLOR, TEXAS	
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