

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
PRORATON OFFICE	1
OPERATOR	2

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 27, 1963
(Place) (Date)

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

El Paso Natural Gas Company Huerfano Unit, Well No. 138, in NW 1/4 NW 1/4,
(Company or Operator) (Lease)
D, Sec. 22, T. 26-N, R. 9-W, NMPM., Basin Dakota Pool

Unit Letter
San Juan

County. Date Spudded 7-13-63 Date Drilling Completed 7-27-63
Elevation 6358 G, 6368 DF Total Depth 6685 -FBTD 6640

Please indicate location:

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

800' N, 800' W

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
9 5/8"	323	200
4 1/2"	6673	610
2 3/8"	6591	

Top Oil/Gas Pay 6378 Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 6410-14; 6442-46; 6498-6502; 6514-18; 6606-12

Open Hole None Depth Casing Shoe 6685 Depth Tubing 6601

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 load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

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: 1430 MCF/Day; Hours flowed 3

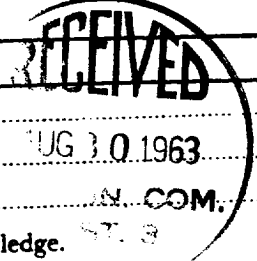
Choke Size 3/4" Method of Testing: Calculated A.O.F.

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 65,440 gal wtr., 70,000# 40/60 sd; 250 gal acid; 28,000 gal water 25,000# 40/60 sand

Casing Press. 1918 Tubing Press. 1924 Date first new oil run to tanks _____

Oil Transporter El Paso Natural Gas Company

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. AUG 30, 1963, 19. _____ El Paso Natural Gas Company (Company or Operator)

OIL CONSERVATION COMMISSION
Original Signed By

By: A. R. KENDRICK

Title PETROLEUM ENGINEER DIST. NO 3

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

Title Petroleum Engineer

Name Send Communications regarding well to:

Name E. S. Oberly

Address Box 990, Farmington, New Mexico