

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

~~XXXXXXXX~~
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 12-30-60
(Place) (Date)

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

El Paso Natural Gas Co. San Juan 28-5, Well No. 3, in. SW 1/4 SW 1/4,
(Company or Operator) (Lease)

M Sec. 26 T. 28 R. 5 NMPM, Blanco Mesa Verde Pool
(Unit Letter)

Rio Arriba County Date Spudded Date Re: Completed 11-4-60

Please indicate location:

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

Elevation 6855 G Total depth 6058

Top Oil/Gas Pay 5475 Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL -

Perforations

Open Hole Depth Casing Shoe 5386 Choke 6033

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 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	Size
9-5/8	172	125
7	5386	500
2	6022	

Method of Testing (pitot, rack 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):

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

Oil Transporter

Gas Transporter El Paso Natural Gas Company

Remarks: An Intermittent was installed. Turned back on production 11-7-60.

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

Approved: JAN 5 1961

El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: (Signature)

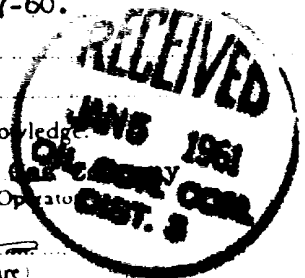
By: Original Signed Emery C. Arnold

Title: Production Engineer
Send Communications regarding well to

Title: Supervisor Dist. # 3

Name:

Address:



STATE OF NEW MEXICO
OIL & GAS COMMISSION
TUCSON, ARIZONA

Oil Control

1990

1. *Journal of the American Medical Association*, 1997; 277: 1033-1036.

1. *Chlorophyll a* and *Chlorophyll b* were determined by the method of Arar and Collins (1971).

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PREPARED BY THE
OPERATOR

U. S. A. 1961