

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

~~RECOMPLETION~~
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 8/27/59
(Place) (Date)

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

El Paso Natural Gas San Juan 28-7, Well No. 28, in SE $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)

H, Sec. 26, T. 28, R. 7, NMPM, Blanco Mesa Verde Pool
Unit Letter Recompleted

Rio Arriba County. Date Spudded - Date Drilling ~~CANCELED~~ 3/16/59

Please indicate location:

Elevation 6644 G Total Depth 5700 FBTD

Top Oil/Gas Pay 4975 Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL -

Perforations Open Hole

Open Hole 4935 - 5700 Depth 4935 Depth 5668
Casing Shoe Tubing

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 _____

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): _____

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

Oil Transporter _____

Gas Transporter _____

Remarks: To remove accumulating wellbore liquids which were interfering with well pro-
ductivity, piston equipment was installed at the tree. Well turned back to production
3/17/59.

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

Approved SEP 1 1959, 19____

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. #3

El Paso Natural Gas SEP 1 1959
(Company or Operator)

By: Tony Kling OIL CON. COM.
(Signature) DIST. 3

Title Production Engineer

Send Communications regarding well to:

Name _____

Address _____

OIL CONSERVATION COMMISSION

AZTEC DISTRICT OFFICE

No. Copies Received 4

DISTRIBUTION

	NO. FURNISHED	
Director	1	
State Fe	1	
Registration Office	1	
State Land Office		
S. B. S.		
Inspector		
File	1	✓