

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - ~~XXXXX~~ 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

December 8, 1959

(Place)

(Date)

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

El Paso Natural Gas Products Co. **Horseshoe Ute**, Well No. **27**, in **SW** $\frac{1}{4}$ **SW** $\frac{1}{4}$,

(Company or Operator)

(Lease)

M

28

T 31N

R 16W

NMPM,

Horseshoe Gallup

Pool

Unit Letter

San Juan

Please indicate location:

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

330' S & 4430' E

Tubing, Casing and Cementing Record

Size	Feet	Sax
9-5/8"	96	150
5-1/2"	1351	100
2-3/8"	1293	- -

County. Date Spudded **11-2-59**

Date Drilling Completed **11-6-59**

Elevation **5435' G.L.**

Total Depth **1362'** ~~XXXX~~ **COTD 1316'**

Top Oil/Gas Pay **1250' (Perfs.)**

Name of Prod. Form. **Gallup**

PRODUCING INTERVAL -

Perforations **1250' - 1286'** **2 sh./ft.**

Open Hole **None**

Depth Casing Shoe **1361'**

Depth Tubing **1308'**

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): **62** bbls. oil, **0** bbls water in **24** hrs, _____ min. Size _____ 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 **December 6, 1959**

Press. _____ Press. _____ oil run to tanks

Oil Transporter **El Paso Products Pipeline Company**

Gas Transporter **None**

Remarks: **Sandell fracked perfs., (1250-1286) w/60,000 gals. oil and 100,000# sand. Flushed with 1428 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 **DEC 9 1959**, 19.....

OIL CONSERVATION COMMISSION

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

Title **Supervisor Dist. # 3**

El Paso Natural Gas Products Company
(Company or Operator)

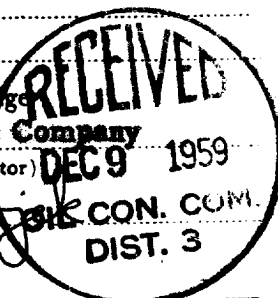
By: **John J. Stringer**
(Signature)

Title **Petroleum Engineer**

Send Communications regarding well to:

Name **Ewell N. Walsh**

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



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