ML MBER OF COP. .S RECEIVED OISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRAMSPORTER GAS PRORATION OFFICE OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

New Well Recembrican

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.

					Farming (Place	ton, New 1	Mexico .	De	e cember (Date	
			•	NG AN ALLOWABL						
l Pas	o Natu	ral G	as Compa	ny San Juan 2	7-5 Unit, Well	No80	, is). Se	1/4 SE	
P (Company	or Ope	22 22	., T, R	SW NIACON	Tapac:	ito Pie	tured Cl:	iffs	
Unit	Letter	, Sec	· · · · · · · · · · · · · · · · · · ·	., 1, K	, NMPN	1.,	······································	*******************	••••••	Pool
io Arı	riba			County. Date Spud	ded 11-1-62	Date	Drilling	Completed	11-6-	62
Pl	Please indicate location:			Elevation 6518 G						<u> </u>
- 				Top GEX /Gas Pay <u>33</u>	02 Perf	Name of Prod	. Form. <u>P1</u>	ctured C	liffs	
D	C	В	A	PRODUCING INTERVAL -						
				Perforations 3302	-08:3320-26					
E	F	G	H	Open Hole None		Depth Carina Chan	21.1.4	Depth		''
- 1	1					casing snoe	3144	Tubing		
L	ĸ	J	I	OIL WELL TEST -						Choke
"			-	Natural Prod. Test:	bbls.oil,	bl	ols water	inhrs	,min	· Size
				Test After Acid or F	racture Treatment	(after recove	ery of vol	ume of oil e	qual to vo	lume of
M	N	0	P	load oil used):	bbls.oil,	bbls	water in	hrs.	Che min. Si	oke ze
			x	GAS WELL TEST -			_	······································		
18018	, 890°	27	<u> </u>							
	(FOOTA	GE)		. Natural Prod. Test:_		MCF/Day; Hour	rs flowed	Chok	e Size	
tubing,	Casing a	nd Cemer	ting Recor							
Size	F	eet	Sax	Test After Acid or F	racture Treatment:	5352	М	CF/Day; Hour	s flowed	3
		ا ہے		Choke Size 3/4	Method of Testing:	Cale	ulated A	1.0.F.		
9 5/8	5" 1	16	7 5							
2 7/8	3" 34	34	190	Acid or Fracture Tressand): 31,000 ga	tment (Give amount)	ts of materia 30.000# #	ils used, s and	such as acid	, water, oi	ll, and
		- 								
	ĺ	1		Casing 1030 Tub Press. 1030 Pre	ing Date ss∙oil r	un to tanks_				
				Cil Transporter	Paso Natural	Gas Com	pany			
				Gas Transporter El						
em arke									1/	••••
CHIMI KS	• ••••••	••••••		**************************************	••••				U \	
· · · · · · · · · · · · · · · · · · ·	•••••		***************************************	••••••			JA	V4 196	3	
· · · · · · · · · · · · · · · · · · ·		••••••					100	200	J	••••••
				rmation given above i						
pproved	ıJAN	4 196	<u>Z</u>	, 19		El Pass			mpany	
					ORI	IGINAL SIGN	ED H.E.	MCANALLY		
(OIL C	ONSER	VATION	COMMISSION	By:		(Signat	ure)	 	
Original Signed Emery C. Arnold						Madesa 7				
/:				J 14 ZEZENSES	Title	Send Comm	num Eng		well to:	
itle Supervisor Dist. # 5					Name	E. S. (Oberly	a regarding		
ıtıe	arei iii		H			• • • • • • • • • • • • • • • • • • • •		······································		
					Address	Box 99	O, Farm	ington,	New Max	ico