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LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRORATION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
RECORDED

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 October 30, 1962
(Place) (Date)

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

El Paso Natural Gas Company **Huerfano Unit** , Well No. **134** , in. **NW** $\frac{1}{4}$ **SE** $\frac{1}{4}$,

(Company or Operator) (Lease)
J , Sec. **36** , T. **26-N** , R. **10-W** , **NMPM.** **Basin Dakota** Pool

Unit Letter
San Juan

County. Date Spudded **8-27-62** Date Drilling Completed **9-10-62**
Elevation **6699 G** Total Depth **6901** c.o.b. **6700**

Please indicate location:

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

Top Oil/Gas Pay **6513 Perf** Name of Prod. Form. **Dakota**

PRODUCING INTERVAL -

Perforations **6513-17;6624-28;6641-45;6660-64**

Open Hole **None** Depth **6900** Depth Casing Shoe **6674**

OIL WELL TEST -

Natural Prod. Test: _____ bbls.oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

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. Choke 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: **3587** 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): **77,000 gallons water, 72,000# sand**

Casing Press. **1983** Tubing Press. **1994** 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 **NOV 2 1962** , 19____

RECEIVED
NOV 2 1962
COM. COM.
DIST. 3

(Company or Operator)

ORIGINAL SIGNED **H.E. McANALLY**

By: _____ (Signature)

Title **Petroleum Engineer**

Send Communications regarding well to:

Name **E. S. Oberly**

Address **Box 990, Farmington, New Mexico**

OIL CONSERVATION COMMISSION

Original Signed By

By: **A. R. KENDRICK**

PETROLEUM ENGINEER DIST. NO. 3

Title _____