

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) 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 January 30, 1959
(Place) (Date)

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

El Paso Natural Gas Company San Juan 28-7 Unit, Well No. 96 (PM), in SW 1/4 NE 1/4,
(Company or Operator) (Lease)

G, Sec. 8, T. 27N, R. 7W, NMPM., South Blanco P. C. Pool
Unit Letter

Rio Arriba

Please indicate location:

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

1700'N, 1800'E

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4"	160'	120
7 5/8"	3447'	150
5 1/2"	2316'	300
2"	5602'	---
1 1/4"	3291'	---

County. Date Spudded 12-13-58 Date Drilling Completed 12-25-58
Elevation 6738 Total Depth 5710 ~~XXXX~~C.O. 5669

Top Oil/Gas Pay 3237' (Perf.) Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3237-3256; 3264-3278

Open Hole None Depth Casing Shoe 3457 Depth Tubing 3291'

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: 7917 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): 40,740 gal. water & 35,000# sand.

Casing 909 Tubing Date first new
Press. _____ Press. _____ oil run to tanks

Oil Transporter El Paso Natural Gas Products Company

Gas Transporter El Paso Natural Gas Company

Remarks: Baker "EGJ" Packer set at 3449'.

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

Approved FEB 4 1959, 19_____

El Paso Natural Gas Company

(Company or Operator)

OIL CONSERVATION COMMISSION

Original Signed Emory C. Arnold

By: _____

Title Supervisor Dist. # 3

By: ORIGINAL SIGNED J.J. TILLERON

(Signature)

Title Petroleum Engineer

Send Communications regarding well to:

E. S. Oberly

Name _____

Address Box 997, Farmington, New Mexico

