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DISTRIBUTION									
SANTA FE			I						
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LAND OFFICE									
TRANSPORTER	OIL	I							
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PRORATION OFFICE		Ľ							
COFFATOR		101							

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe. New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWAPLE

New Well

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.

a into the	stock tank	s. Gai mus	t be reported on 15.025 p	Farmington,	New Mexico	Febru	18,	19
				(Place)			(Date)	•••••
Paso Na	tural Ge	us Compei	NG AN ALLOWABLE ny San Juan 2 8-	-5 Unit Well No.	Oz. in	sw ,	, NE	!/4
(Com	pany or Ope	erator) 31	, T, R	5-W , NMPM.,	Basin Dako	a	•••••	Poc
o Arrib	A		Courty Data Smidde	, 12-9-62	Date Drilling	Completed	12-24-6	2
	indicate k		Elevation O4/4 G	iota	Depth 1120			
D C	В	A	Top md/Gas Pay 749			Denvos		
		 _ 	Perforations 7492-7	500;7602-14;76	50-56	Depth		
E	' G x	H	Open Hole None	Casi	ng Shoe 7710	Tubing_	7639	
L K		I	OIL WELL TEST - Natural Prod. Test:	bbls.oil,	bbls water i	n <u>hrs</u> ,	min.	Chok Size
M N	0	P	Test After Acid or Fra	cture Treatment (aft	er recovery of volu	me of oil equ	ual to volu Chok	ime c
		1 1	GAS WELL TEST -					
50'M, 1	750 E		Natural Prod. Test:	MCF/	Day; Hours flowed	Choke	Size	
(F Mng Gast	OUTAGE)	nting Reco						
Size	_	Sax	Test After Acid or Fra				flowed	3
10 3/4"	313	232	Choke Size 3/4" Me					
5/8"	3470	175	Acid or Fracture Treat	ment (Give amounts o	f materials used, s	such as acid,	water, oil	, ar
1/2"	7700	600	Casing 1691 Tubin Press.					1
			Oil Transporter	Paso Natural	Gas Company		1963	+
2 1/16"	7639	<u> </u>	Gas Transporter El	Paso Matural	Gas Company		<u> </u>	╀
marks:		•••••	***************************************			100	OM.	
							3	
,								• • • • • • •
I hereb	y certify the	hat the inf	ormation given above is	true and complete	to the best of my Ki Natural Gas C	company		
provedt	ÉB 2019	303	ormation given above is, 19	OP A N	(Company or AL SIGNED E.S	Operator)		
			OMMISSION	Ву:	(Signa			
	nal Signe			ma Petro	oleum Engineer			
PETRO		ENGINEE	R DIST. NO. 3	Se	nd Communication 3. Oberly	s regarding	well to:	
itle					x 990, Farmin	oton. Nov	Merico	
				AddressBO	A JJU S E SUBLIN	ZANIT WAK		