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.

_			Parmington, New Mexico 6/1	8/58
WE ARE I	HEREBY R	EQUESTI	ING AN ALLOWABLE FOR A WELL KNOWN AS:	(Date)
El Pago	Matural Impany or Op	Gas Co.,	, Sen Juan 28-7 , Well No	Nvi1/4,
C Units 14	Sec	20	, T28N, R7W, NMPM.,	Pool
•		_	County. Date Spudded6/16/55 Date Drilling Completed7	/h/ss
Please indicate location:			Elevation 5991 G Total Depth 4010 PBTD Top Oil/Gas Pay 4230 Name of Prod. Form. Massa Verde	
D	C B	A	PRODUCING INTERVAL -	
E	F G	H	Perforations Depth Depth Open Hole hih7 hold Casing Shoe 4147 Tubing	884
L	K J	I	OIL WELL TEST - Natural Prod. Test:bbls.oil,bbls water inhrs,	Choke min. Siże
М	N O	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal load oil used):bbls.oil,bbls water inhrs,mi	Choke
			GAS WELL TEST - Natural Prod. Test: 704 MCF/Day; Hours flowed 5 Choke Size	e2# onen
Eubling ,Cas Size	ing and Com	enting Recor Sax	~ · · · · · · · · · · · · · · · · · · ·	
9-5/8 171 125		125	Choke Size 2 contethod of Testing: Pitot	
7	4147	500	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water sand): 27,500 Gels. No. 2 diesel oil: 26,200 lb. sand	•
2	4884		Casing Tubing Date first new Press. 1008 Press. 1016 oil run to tanks	
			Gas Transporter El Paso Metural Gas Company	
Remarks:			became bridged, perforated 2" tubing with 2 holes at 431 put back on production 4/16/58	-
I hereb		JUN 2 3 195	ormation given above is true and complete to the best of my knowledge. 19	
OI	L CONSEI	RVATION	COMMISSION By: (Signature)	4 (
By: Ori	ginal Sig	ned Eme	ery C. Arnold Tony King Title Production Engineer Send Communications regarding well	3
Title	Sup	ervisor Dist	Name	500