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LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)

Santa Fe, New Mexico

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 QUADRUPPLICATE 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 11, 1961

(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. **114**, in **SE** $\frac{1}{4}$ **SW** $\frac{1}{4}$,

(Company or Operator)

(Lease)

N Sec. **22**, T. **28-N**, R. **7-W**, NMPM., **So. Blanco Pictured Cliffs** Pool

Unit Letter

Rio Arriba

County. Date Spudded **7-11-61** Date Drilling Completed **8-4-61**

Elevation **6792 G** Total Depth **3546** **P.C.** **3538**

Please indicate location:

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

990 S, 2250 W

(FOOTAGE)

Tubing, Casing and Cementing Record

Size Feet Sals

8 5/8"	98	140
2 7/8"	3535	267

Top Oil/Gas Pay **3481 (Perf)** Name of Prod. Form. **Pictured Cliffs**

PRODUCING INTERVAL -

Perforations **3481-89; 3494-3502; 3510-18**

Open Hole **None** Depth **3544** Depth **3538**
Casing Shoe **3544** Tubing

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: **1240** 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): **31,040 gal. water, 25,000# sand**

Casing Press. **977** Tubing Press. _____ Date first new oil run to tanks _____

Oil Transporter **El Paso Natural Gas Products 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 **OCT 15 1961**, 19_____, **El Paso Natural Gas Company**

(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed **Emery C. Arnold**

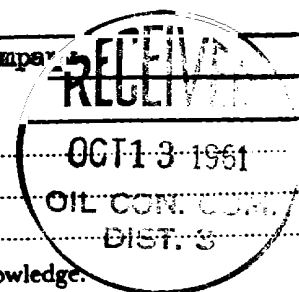
Title **Supervisor Dist. # 3**

By: Original Signed **D. W. Meahan**
(Signature)

Title **Petroleum Engineer**

Send Communications regarding well to:
E. S. Oberly

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



STATE OF TEXAS	
OIL COMMISSION	
REGISTRATION	
NUMBER OF REGISTRATION	
SANTA FE	
FEE	
L.S. 500	
LINDO 500	
TRANSPORTER	DATE
PR. A. 100 500	
OPERATOR	