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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 November 1, 1961
(Place) (Date)

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

El Paso Natural Gas Company San Juan 28-4 Unit, Well No. 27, in SE $\frac{1}{4}$ SW $\frac{1}{4}$,

(Company or Operator)

(Lease)

N 19 Sec. 28-N, R 4-W, NMPM., Blanco Mesa Verde Pool

Unit Letter

Rio Arriba

Please indicate location:

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

990 S, 1690 W

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
9 5/8"	302	250
7"	4482	180
4 1/2"	2244	215
2 3/8"	6615	

County. San Juan Date Spudded 9-6-61 Date Drilling Completed 9-20-61
Elevation 7325 (G) Total Depth 6662 6630

Top Oil/Gas Pay 6442 (Perf) Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL - 6476-80; 6486-90

Perforations 6442-50; 6556-64; 6568-78; 6582-90; 6608-16;

Open Hole None Depth 6662 Depth Casing Shoe 6662 Depth Tubing 6615

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: 6105 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: Calculated A.O.F.

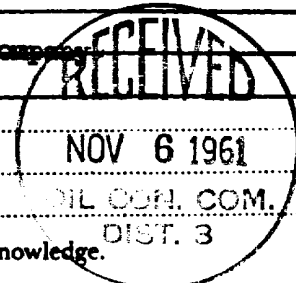
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 62,350 gal water, 69,500# sand

Casing Press. 1158 Tubing Press. 1156 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 NOV 6 1961, 19_____

El Paso Natural Gas Company
(Company or Operator)

ORIGINAL SIGNED A.M. SMITH

By: _____
(Signature)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title: Petroleum Engineer

Send Communications regarding well to:

Title Supervisor Dist. # 3

Name: E. S. Oberly

Address: Box 990, Farmington, New Mexico

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