

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Proven

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

July 28, 1961

(Place)

(Date)

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

El Paso Natural Gas Company San Juan 28-5 Unit, Well No. 48, in. SW $\frac{1}{4}$ SW $\frac{1}{4}$,

(Company or Operator)

(Lease)

M, Sec. 22, T. 28-N, R. 5-W, NMPM., Blanco Mesa Verde Pool

Unit Letter

Rio Arriba

County. Date Spudded 6-14-61

Date Drilling Completed 6-30-61

Elevation 6764

Total Depth 6015 6015 5969

Please indicate location:

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

1150 S, 850 W

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
9 5/8"	126	100
7"	3886	105
4 1/2"	2227	260
1 1/4"	5924	

Top Oil/Gas Pay 5792' (Perf) Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL - 5792-5798; 5818-5824; 5870-5876;

Perforations 5894-5900; 5910-5916; 5922-5928; 5948-5954

Open Hole None Depth 6015 Depth 5924
Casing Shoe 6015 Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. 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: 2598 MCF/Day; Hours flowed 3

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

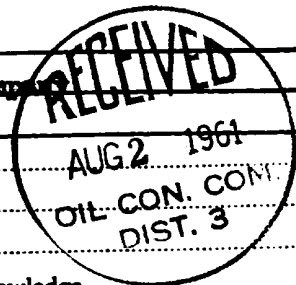
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 70,500 gal water & 70,000# sand

Casing Press. 1106 Tubing Press. 821 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 AUG 2 1961, 19____, El Paso Natural Gas Company

(Company or Operator)

Original signed D. W. Meehan

By: _____ (Signature)

Title Petroleum Engineer

Send Communications regarding well to:
E. S. Oberly

Name _____

Address Box 990, Farmington, New Mexico

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
NUMBER OF COPIES RECEIVED		
DIST. NO. 100-1000		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
PRODUCTION OFFICE		
OPERATOR		