NI SEN OF COP. S RECEIVED DISTRIBUTION BANTA FF FILE U.E.G.S. LAND OFFICE TRANSPORTER GAS PRORATION OFFICE OFFAATOR

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. Can must be reported on 15.025 psia at 60° Fahrenheit.

			(Place)	iem wextco	Sept	(Date)
HEREBY R	REQUESTI	NG AN ALLOWABLE FO	OR A WELL KNO	OWN AS:		,
Natural (Gas Compe	iny San Juan 28-5	5 Unit, Well No. 4	9 , in	SE /4	NE 1/4,
ompany or Op Sec	23	T 28-N R 5-	W NMPM	Blanco Me	sa Verde	Pool
etter						
.DEL		County. Date Spudded	9-17-91	Date Drilling Go	mpleted	9-1-61
se indicate	location:	Elevation 6584	Total D	Pepth 0199	Verde	170
C B	A					
					52;	
F G	H	Perforations	Depth	(700	Depth	
		Open Hole None	Casing	Shoe 6799	Tubing	6 72 8
V T		OIL WELL TEST -				Charles Charles
^	1 +	Natural Prod. Test:	bbls.oil,	bbls water in	hrs,	Choke min. Size
		Test After Acid or Fractu	re Treatment (after	recovery of volume	of oil equal	
N O	P	load oil used):	bbls.oil,	bbls water in	_hrs,m	Choke in- Size
		GAS WELL TEST -				
950 B		Natural Prod. Test:	MCF/Day	: Hours flowed	Choke Si	7.0
	enting Recor					
Feet	Sax	• • • •				
						
321	200	GNOKE STZE_=7	o or rescring			
4667	180	Acid of Tother Treatment	t (Give amounts of ma	aterials used, such	as acid, wat	er, oil, and
0007	2/0					
2231	200					
6 72 8		Oil Transporter El F	aso Natural Ga	s Products Co	mpeny	
<u> </u>	<u> </u>	Gas Transporter El P	aso Natural Ge	s Company		
					Off	TIE
					/ ' ' -	
by certify th	nat the info	ormation given above is tru	e and complete to th	ne best of my know Natural Gas	oldge.SEP 2	04' COW'
200240	V - -	19	***************************************			
SEP Z 9 T		,		(Company or Op	eratak) Di	IST. 3
			Original S	ighed D. W. Meet	erathr) Di	IST. 3
IL CONSE	RVATION	COMMISSION	Бу	igned D. W. Meei (Signature	nan .	ST. 3
IL CONSE	RVATION	COMMISSION	Title Petrole	igned D. W. Meei (Signature um Engineer	na n	IST. 3
IL CONSE	RVATION		Title Petrole	(Signature (Signature um Engineer Communications re	na n	IST. 3
	Natural company or On Section	Natural Gas Compeon ompany or Operator) Sec. 23 Assection in the second	Natural Gas Company San Juan 28-1 (Lease ompany or Operator) Sec. 23 T. 28-N, R. 5-1 Lbs. County. Date Spudded. Elevation 74-01 G Top Oil/Gas Pay 6584 Perforations 6664-68; Open Hole None OIL WELL TEST - Natural Prod. Test: Test After Acid or Fracture of Sax Test After Acid or Fracture Choke Size 3/4" Method of Testing (pitot, Test After Acid or Fracture Sand): Sand Juan 28-1 Delta Spudded Elevation 74-01 G Perforations 6664-68; Perforations 6664-68; Open Hole None Other None O	HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNO Matural Gas Company San Juan 28-5 Unit, Well No. (Lease) Sec. 23. T. 28-N, R. 5-W, NMPM., Sec. 23. Top 011/Gas Pay 6584 Name of PRODUCING INTERVAL - 6584-92;6604-12;6 Perforations 6664-68;6672-76;6688-92 Perforations 6664-68;6672-76;6688-92 Nome Depth Open Hole None Depth Open Hole None Casing OIL WELL TEST - Natural Prod. Test: bbls.oil, Test After Acid or Fracture Treatment (after load oil used): bbls.oil, GAS WELL TEST - Natural Prod. Test: MCF/Day Method of Testing (pitot, back pressure, etc. Test After Acid or Fracture Treatment: 2930 Choke Size 3/4" Method of Testing: Ca 321 200 Choke Size 3/4" Method of Testing: Ca 321 200 Casing 1109 Tubing Press. Gas Transporter El Paso Natural Gas Envertify that the information given above is true and complete to the cartify that the information given above is true and complete to the cartify that the information given above is true and complete to the cartify that the information given above is true and complete to the cartify that the information given above is true and complete to the cartify that the information given above is true and complete to the cartify that the information given above is true and complete to the cartify that the information given above is true and complete to the cartify that the information given above is true and complete to the cartify that the information given above is true and complete to the cartify that the information given above is true and complete to the cartify that the information given above is true and complete to the cartify that the information given above is true and complete to the cartify that the information given above is true and complete to the cartify that the information given above is true and complete to the cartify that the information given above is true and complete to the cartify that the information given above is true and complete to the cartif	HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: Matural Gas Company San Juan 28-5 Unit, Well No. 49 In the company of Operator) Sec. 23. T. 28-N., R. 5-W., NMPM., Blanco Melas indicate location: County. Date Spudded 8-17-61 Date Drilling Counts in the county of the count	HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: Watural Gas Company San Juan 28-5 Unit Well No. 49 Sec. 23 T. 28-N , R. 5-W , NMPM, Blanco Messa Verde Sec 23 Tool Jeepth 6799 FOR H PRODUCING INTERVAL - 6584-92;6604-12;6620-28;6644-52; Perforations 6664-68;6672-76;6688-92;6698-6706 FOR HOLL WELL TEST N O P Indicate location: N N O P Indicate location: Indicate loca