

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

~~RECOMPLETION~~
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

8/27/59

(Place)

(Date)

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

El Paso Natural Gas

San Juan 28-6

Well No. 72

in NW

NE

1/4

(Company or Operator)

(Lease)

B Unit Letter, Sec. 19, T. 28, R. 6, NMPM., Blanco Mesa Verde Pool

Rio Arriba

Re completed

County. Date Spudded -

Date Drilling 4/9/59

Please indicate location:

Elevation 6636 G

Total Depth 5792

FBTD -

Top Oil/Gas Pay 5048

Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL -

Perforations 5048 - 5756

Open Hole Cased Through

Depth

Casing Shoe -

Depth

Tubing 5704

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. 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. 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: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and

sand): _____

Casing _____ Tubing _____ Date first new _____

Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter _____

Remarks: To remove accumulating wellbore liquids which were interfering with well productivity, intermitting equipment was installed on the tree. Well turned back to production 4/10/59

I hereby certify that the information given above is true and complete to the best of my knowledge.

SEP 1 1959

Approved _____, 19____

El Paso Natural Gas

(Company or Operator)

By: _____

Tony King (Signature)

Title: _____

Production Engineer

Send Communications regarding well to:

Name _____

Address _____

OIL CONSERVATION COMMISSION

By: Original Signed Emergency C. Arredondo

Title: Supervisor Dist # 2

U.S. CONSERVATION COMMISSION

AZ. U. DISTRICT OFFICE

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