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	GAS
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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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

December 7, 1962

(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. 28, in SE 1/4 NE 1/4,

H (Company or Operator) Sec 19, T 28-N, R 4-W, NMPM, Blanco Mesa Verde Pool

Unit Letter
Rio Arriba

County Date Spudded 9-11-62 Date Drilling Completed 10-4-62

Elevation 7265 G Total Depth 6633

Please indicate location:

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

1540'N, 1180'E

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4"	124	100
7 5/8"	4440	185
5 1/2"	2300	175
2 3/8"	6573	

Top ~~xx~~/Gas Pay 6402 Perf Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL -

Perforations 6530-36; 6512-18; 6452-58; 6420-26; 6402-08;

Open Hole None Depth 6632 Depth Casing Shoe 6573

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 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: 6517 MCF/Day; Hours flowed 3

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

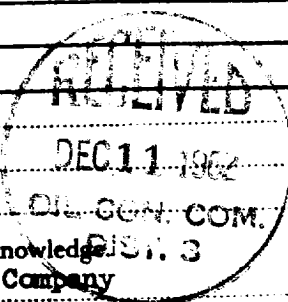
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 70,200 gallons water, 75,000# sand

Casing 1174 Tubing 825 Date first new oil run to tanks

Oil Transporter El Paso Natural Gas 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: DEC 11 1962, 19

El Paso Natural Gas Company

(Company or Operator)

ORIGINAL SIGNED H.E. McANALLY

By: _____ (Signature)

Title: Petroleum Engineer

Send Communications regarding well to:

Name: E. S. Oberly

Address: Box 990, Farmington, New Mexico

OIL CONSERVATION COMMISSION

By: _____ Signed by W. E. Smith

Title: _____ DIST. NO. 3