M 4BER OF COP S RECEIVED DISTRIBUTION				
FILE		1	1	
U.S.G.B.				
LAND OFFICE				
TRAMPORTER	OIL			
THANGPORTER	GAS		1	
PRORATION OFFICE		7		
OPERATOR		100		

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104)

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.

E ARE HI	EREBY RE	QUESTI	(Place) (Date) ING AN ALLOWABLE FOR A WELL KNOWN AS: ny San Juan 28-5 Unit. 57 NW NE
(Com	ipany or Ope	rator)	ny San Juan 28-5 Unit , Well No
tio Arri	be.	·····	County. Date Spudded 12-1-62 Date Drilling Completed 7875.
Please	- indicate to	cation:	Top A Gas Pay 7635 Perf Name of Prod. Form. Dakota
D	B	A .	PRODUCING INTERVAL - Perforations 7638-50;7682-88;7730-42;7834-40;7806-12
E I	G	H	Open Hole Depth Casing Shoe 7920 Depth Tubing 7835
L R	(J	I	OIL WELL TEST - Choke Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size
M N	0	P	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
90'N, 1.	150'E COTAGE) ng and Comer	nting Recor	
Size 5/8"	Fm: 293	210	Test After Acid or Fracture Treatment: 5822 MCF/Day; Hours flowed 3 Choke Size 3/4" Method of Testing: Calculated A.O.F.
4 1/2"	7910	586	Acid or graceure Treatment (Give amounts of materials used, such as acid, water, oil, and sand):
2 3/8"	7835	 	Casing 250t Tubing 2570 Date first new oil run to tanks Oil Transporter R1 PaschaturalGas Company
emarks:			Gas Transporter El Paso Natural Gas Company AN3 1 1963
I hereby	y certify that	at the info	formation given above is true and complete to the best of my knowledge. El Paso Natural Gas Company 19
			(Company or Operator) ORIGINAL SIGNED H.E. McANALLY N COMMISSION By: (Signature)
			B. Smith Title Petroleum Engineer Send Communications regarding well to: Name E. S. Oberly
itie		••••••	Box 990, Farmington, New Mexico