

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Resubmit

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 **September 14, 1960**
(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. **39**, in **NE** $\frac{1}{4}$ **NE** $\frac{1}{4}$,
(Company or Operator) (Lease)

A Sec. **24** T. **28N** R. **5W** NMPM, **Blanco Mesa Verde** Pool
Unit Letter

Rio Arriba

County. Date Spudded **6-30-60** Date Drilling Completed **7-26-70**
Elevation **7412** Total Depth **6783'** PBD **6737'**

Please indicate location:

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

790 N, 790 E

Top Oil/Gas Pay **6496' (Perf)** Name of Prod. Form. **Mesa Verde**

PRODUCING INTERVAL - **6469-6508; 6538-6554; 6572-6580; 6584-6590;**

Perforations **6614-6620; 6626-6632; 6640-6646; 6674-6684**

Open Hole **None** Depth **6692** Casing Shoe **6776** Depth **6692** 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 _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4"	121	110
7 5/8"	4554	95
5 1/2"	2299	224
2"	6692	

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: **3653** 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): **50,000 gal water & 50,000 # sand.**

Casing Press. **1148** Tubing Press. **1148** Date first new oil run to tanks _____

Oil Transporter **El Paso Natural Gas Products Company**

Gas Transporter **El Paso Natural Gas Company**

Remarks: _____

RECEIVED
SEP 16 1960

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved **SEP 16 1960**, 19____, **El Paso Natural Gas Company**
(Company or Operator)

OIL CONSERVATION COMMISSION

By: **Original Signed Emory C. Arnold**

Title **Supervisor Dist. # 3**

By: **Original Signed By: D.H. Oheim**
(Signature)

Title **Petroleum Engineer**
Send Communications regarding well to:

Name **E. S. Oberly**

Address **Box 990, Farmington, New Mexico**