

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRORATION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

CORRECTED COPY

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
(Place)

January 15, 1963
(Date)

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

El Paso Natural Gas Company San Juan 28-5 Unit, Well No. 59, in SW $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)

G Unit Letter, Sec. 30, T. 28-N, R. 5-W, NMPM, Basin Dakota Pool

Rio Arriba

County. Date Spudded 10-10-62 Date Drilling Completed 10-30-62
Elevation 6581 G Total Depth 7880 8.0 7845

Top ~~rock~~ Gas Pay 7602 Perf Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 7602-14:7698-7710:7740-46:7762-68:7790-96;

Open Hole None Depth 7880 Depth 7543
Casing Shoe 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 load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

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: 6617 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): 72,800 gallons water, 75,000# sand

Casing _____ Tubing 2698 Date first new _____
Press. _____ Press. _____ 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
El Paso Natural Gas Company

Approved MAR 13 1963, 19____

(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. 2

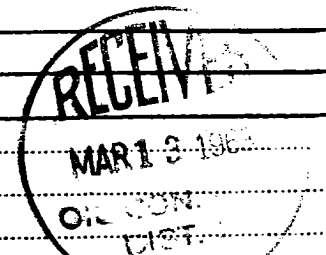
By: ORIGINAL SIGNED E. S. OBERLY
(Signature)

Title Petroleum Engineer

Send Communications regarding well to:

Name E. S. Oberly

Address Box 990, Farmington, New Mexico



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

1850'N, 1450'E
(FOOTAGE)

Tubing, Casing and Cementing Record

Size Feet Sals

9 5/8"	296	225
4 1/2"	7870	652
2 3/8"	7543	