

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
~~REOPENING~~

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 August 10, 1959
(Place) (Date)

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

El Paso Natural Gas Co. Huerfano Unit, Well No. 59-23, in SW $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)

E, Sec. 2 3, T. 27N, R. 9W, NMPM., So. Blanco P. C. Pool
Unit Letter

San Juan County. Date Spudded 7-1-59 Date Drilling Completed 7-4-59

Please indicate location:

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

1800'N, 960'W

Tubing, Casing and Cementing Record

Size	Feet	Size
8 5/8"	115'	105
5 1/2"	2186'	100
1 1/4"	2122'	---

Elevation 6139 Total Depth 2197' ~~XXXX~~ C.O. 2139'

Top Oil/Gas Pay 2090' (Perf.) Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 2090-2114

Open Hole None Depth Casing Shoe 2196 Depth Tubing 2122'

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 _____

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

Test After Acid or Fracture Treatment: 1122 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): 32,802 gal. water & 35,000# sand.

Casing _____ Tubing _____ Date first new _____
Press. 665 Press. 665 oil run to tanks _____

Oil Transporter El Paso Natural Gas Products Company

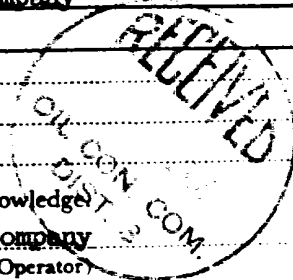
Gas Transporter El Paso Natural Gas Company

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge
Approved AUG. 17, 1959, 19____ El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION
By: Original Signed Emery C. Arnold
Title Supervisor Dist # 3

By: ORIGINAL SIGNED B.H. MEANS
(Signature)
Title Petroleum Engineer
Send Communications regarding well to:
Name E. S. Oberly
Address Box 997, Farmington, New Mexico



OIL CONSERVATION COMMISSION

AZTEC DISTRICT OFFICE

No. Copies Received 5

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