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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
~~XXXXXXXXXX~~

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
(Place)

March 20, 1964
(Date)

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

El Paso Natural Gas Company Turner Hughes Well No. 14 (MD), in SE $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)

H, Sec. 4, T. 27N, R. 9W, NMPM, Basin Dakota Pool
Unit Letter

San Juan

Please indicate location:

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

1783'N, 1090'E
(FOOTAGE)

Tubing, Casing and Cementing Record

Size Feet Sax

9 5/8	311	220
4 1/2		
5 1/2	7118	655
2 1/16	6871	
1 1/4	4814	

County San Juan Date Spudded 12-15-63 Date Drilling Completed 1-12-64
Elevation 6416'GL, 6426'DF Total Depth 7130 ~~XXXX~~ 7040

Top ~~XXXX~~ Pay 6907 (Perf.) Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 6907-13, 6934-40, 7008-14,

Open Hole None Depth 7130 Depth 6881
Casing Shoe Tubing

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: 1617 MCF/Day; Hours flowed 3

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

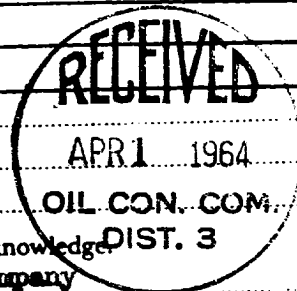
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 65,100 gal. water, 60,000# 40/60 Sand

Casing _____ Tubing 1966 Date first new _____
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter El Paso Natural Gas Company

Gas Transporter El Paso Natural Gas Company

Remarks: Baker Model "D" Packer @ 4965'.



I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved APR 1 1964, 19____ El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

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

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3