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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 March 19, 1964
(Place) (Date)

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

El Paso Natural Gas Company Turner Hughes, Well No. 15 (ND), in NE $\frac{1}{4}$, NE $\frac{1}{4}$,
(Company or Operator) (Lease)

A, Sec. 3, T. 27N, R. 9W, NMPM, Basin Dakota Pool
Unit Letter

San Juan County. Date Spudded 12-3-63 Date Drilling Completed 12-19-63

Please indicate location:

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

1190'N, 800'E
(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Size
9 5/8	325	220
4 1/2	6908	825
5 1/2		
2 1/16	6617	
1 1/4"	4534	

Elevation 6192'EL, 6202'DF Total Depth 6918 open TD 6850

Top xxx Gas Pay 6638 (Perfs.) Name of Prod. Form. Basin Dakota

PRODUCING INTERVAL -

Perforations 6638-43, 6700-10, 6721-31, 6808-16

Open Hole None Depth 6918 Depth 6628
Casing Shoe Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Choke Size _____

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. Choke 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: 6104 MCF/Day; Hours flowed 3

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

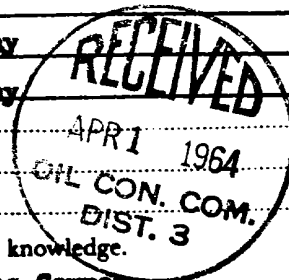
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 250 gal. 10% acetic acid, 67,830 gal. water, 60,000# sand

Casing Press. _____ Tubing Press. 2198 Date first new oil run to tanks _____

Oil Transporter El Paso Natural Gas Company

Gas Transporter El Paso Natural Gas Company

Remarks: Baker Model "D" Packer at 4875'



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 Emery C. Arnold
Title Supervisor Dist. # 3

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

[illegible]