

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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 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)

August 28, 1957
(Date)

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

El Paso Natural Gas Company Hardie, Well No. 1-E, in NW 1/4 NE 1/4,
(Company or Operator) (Lease)

B, Sec. 16, T. 28N, R. 8W, NMPM, Blanco Pool
Unit Letter
San Juan

Please indicate location:

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

800'N, 1600'E

Tubing, Casing and Cementing Record

Size	Feet	Size
10 3/4	161	125
7 5/8	3040	250
5 1/2	2318	300
2"	5207	

County. Date Spudded 7-17-57 Date Drilling Completed 7-30-57
Elevation 6441 (G) Total Depth 5325 ~~XXXX~~ C.O. 5245
Top Oil/Gas Pay 4880 (Perf) Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL 4880-4892, 4968-4980, 5101-5111, 5118-5150, 5160-5168,
Perforations 5186-5194, 5212-5230

Open Hole None Depth Casing Shoe 5320' Depth Tubing 5216'

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 Choke 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: 10,874 MCF/Day; Hours flowed 3

Choke Size 3/4 Method of Testing: Calculated AOF

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 86,400 gal. water, 60,000# sand.

Casing Press. 1026 Tubing Press. 1029 Date first new oil run to tanks _____

Oil Transporter _____

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 30 1957, 19. _____

El Paso Natural Gas Company
(Company or Operator)

By: Original Signed D. C. Johnston
(Signature)

Title. Petroleum Engineer

Send Communications regarding well to:

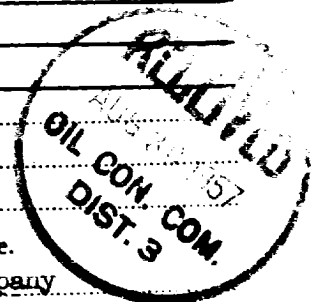
Name. E. J. Coel

Address. Box 997, Farmington, New Mexico

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title. Supervisor Dist. # 3



OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
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U. S. G. S.		
Transporter		
File	<u>1</u>	<input checked="" type="checkbox"/>