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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 **September 13, 1962**
(Place) (Date)

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

El Paso Natural Gas Company **Hardie "E"**, Well No. **2**, in **SE** $\frac{1}{4}$ **SW** $\frac{1}{4}$,
(Company or Operator) (Lease)

N **28-N**, **T** **8-W**, **R** **8-W**, **NMPM.**, **Blanco Mesa Verde** **Pool**
Unit Later

San Juan

County. Date Spudded **7-17-62** Date Drilling Completed **7-27-62**
Elevation **6227 G** Total Depth **5130** PBTD **5098**

Please indicate location:

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

Top ~~Gas~~/Gas Pay **4380 (Perf)** Name of Prod. Form. **Mesa Verde**

PRODUCING INTERVAL - **4380-86; 4404-10; 4892-98; 4908-14;**
4924-30; 4938-44; 5000-06; 5028-34;

Perforations _____ Depth _____ Depth _____
Open Hole **None** Casing Shoe **5130** Tubing **5039**

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: **8732** 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): **80,000 gallons water, 80,000# sand**

Casing **1034** Tubing **1024** Date first new Press. _____ 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 **SEP 19 1962**, 19 _____

El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: **Original Signed by W. B. Smith**

Title **DEPUTY OIL & GAS INSPECTOR DIST. NO. 3**

By: **ORIGINAL SIGNED H.E. McANALLY**
(Signature)
Petroleum Engineer

Title _____ Send Communications regarding well to:

Name **E. S. Oberly**

Address **Box 990, Farmington, New Mexico**

