

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 November 18, 1958
(Place) (Date)

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

El Paso Natural Gas Company San Juan 29-4 Unit, Well No. 16-36, in NE $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)

A Sec. 36, T. 29N, R. 4W, NMPM., Choza Mesa P.C. Pool
Unit Letter

Rio Arriba

County San Juan Date Spudded 7-18-58 Date Drilling Completed 10-1-58
Elevation 7035' Total Depth 4035' ~~Net C.O.~~ 4020'

Please indicate location:

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

918'N, 950'E

Top Oil/Gas Pay 3760' (Perf.) Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3760-3790; 3860-3886; 3900-3926; 3962-3982; 3994-4006

Open Hole None Depth 4034' Casing Shoe 4034' Depth 3957' Tubing

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 _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>9 5/8"</u>	<u>122'</u>	<u>150</u>
<u>5 1/2"</u>	<u>4024'</u>	<u>150</u>
<u>1 1/4"</u>	<u>3957'</u>	<u>---</u>

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

Test After Acid or Fracture Treatment: 647 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): 82,250 gal. water & 80,000# sand

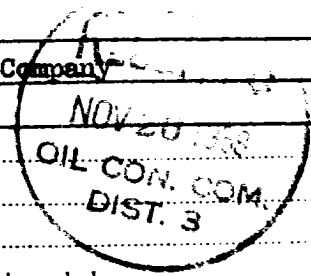
Casing 1014 Tubing 953 Date first new _____

Press. 1014 Press. 953 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 NOV 20 1958, 19 El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

Original Signed Emery C. Arnold

By: _____

Title Supervisor Dist. # 3

By: Original Signed R. G. MILLER
(Signature)

Title Petroleum Engineer

Send Communications regarding well to:

Name E. S. Oberly

Address Box 997, Farmington, New Mexico

OIL CONSERVATION COMMISSION

ADMINISTRATIVE DISTRICT OFFICE

Re. 10000000

5

10

... and

7

1

1

1

L

1000