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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 November 20, 1964

(Place)

(Date)

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

El Paso Natural Gas Company Hudson, Well No. 3, in NW 1/4 SW 1/4,

(Company or Operator)

(Lease)

L San Juan, Sec 8, T 29-N, R 12-W, NMPM, Basin Dakota Pool

Unit Letter

San Juan

County Date Spudded 10-24-64 Date Drilling Completed 11-1-64
Elevation 5608' G, 5616' DF Total Depth 6283 C.O. 6242

Please indicate location:

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

1650'S, 990'W

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
9 5/8"	311	250
4 1/2"	6271	800
2 3/8"	6178	tbg

Top Oil/Gas Pay 6113(Perf) Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 6113-17; 6137-41; 6186-90; 6203-07; 6225-29

Open Hole None Depth 6283 Casing Shoe 6190

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 _____

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

Test After Acid or Fracture Treatment: 3750 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): 500 gal. acid, 45,000# sand, 59,556 gallons water

Casing Press. 2087 Tubing Press. 2089 Date first new oil run to tanks _____

Oil Transporter El Paso Natural Gas 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: _____, 19____
El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

By: OR G. NAL. SIGNED E. S. OBERLY
(Signature)

Title Petroleum Engineer

Send Communications regarding well to:

Name E. S. Oberly

Address Box 990, Farmington, New Mexico

