

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57REQUEST FOR ~~(OIL)~~ - (GAS) ALLOWABLENew 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 Feb. 15, 1961
(Place) (Date)

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

J. Glenn Turner Osborn, Well No. 1-22, in SW 1/4 SW 1/4,
(Company or Operator) (Lease)
Unit M, Sec. 22, T. 30-N, R. 12-W, NMPM., Undes Blanes Mesa Verde Pool
Unit Letter

San Juan County

County. Date Spudded Jan. 5, 1961 Date Drilling Completed Jan. 30, 1961

Please indicate location:

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

Elevation 5,491 Total Depth 3,396 FBTD

Top ~~oil~~/Gas Pay 3,332 Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL -

Perforations None

Open Hole 3,396 Depth Casing Shoe 3,332 Depth Tubing 3,374

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 load oil used): _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____ Choke

GAS WELL TEST -

Natural Prod. Test: 10,808 MCF/Day; Hours flowed _____ Choke Size .75

Tubing, Casing and Cementing Record

Size	Feet	Sax
9-5/8	322	200
7	3,332	350
2-3/8 Tubing	3,374	None

Method of Testing (pitot, back pressure, etc.): Open Flow (Tested by EPNG)

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): None

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

Oil Transporter _____

Gas Transporter El Paso Natural Gas Company

Remarks: will take gas ~~xxx~~ from this well when pipe line connection completed

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved FEB 16 1961, 19

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

FEB 16 1961
J. GLENN TURNER
(Company or Operator)
By *C. Beeson Neal*
(Signature)

Title C. Beeson Neal, Agent in Farmington
Send Communications regarding well to:

Name C. Beeson Neal

Address Box 728 - Farmington, New Mexico

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
SANTA FE DISTRICT OFFICE		
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