

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - ~~WATER~~ ALLOWABLE

New Well
~~Water~~

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 **June 29, 1959**
(Place) (Date)

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

El Paso Natural Gas Products Co. **Horseshoe Navajo**, Well No. **3**, in **NE** $\frac{1}{4}$ **SE** $\frac{1}{4}$,
(Company or Operator) (Lease)
I, Sec. **5**, T. **30N**, R. **16W**, NMPM., **Horseshoe Gallup** Pool
Unit Letter

San Juan

County. Date Spudded **May 30, 1959** Date Drilling Completed **June 2, 1959**
Elevation **5290' G.L.** Total Depth **1182'** ~~XXXX~~ **COTD 1100'**

Please indicate location:

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

1900' 2; 745' 2

Top Oil/Gas Pay **1033' (Paris.)** Name of Prod. Form. **Gallup**

PRODUCING INTERVAL -

Perforations **1033' - 1070'**
Open Hole **None** Depth **1181'** Depth **1085'**
Casing Shoe Tubing

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 load oil used): **94** bbls. oil, **0** bbls water in **24** hrs, _____ min. Choke Size _____

GAS WELL TEST -

Pumping 14 spm --- 26" stroke.

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

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

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): **See "Remarks"**

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks **June 27, 1959**

Oil Transporter **El Paso Products Pipeline Company**

Gas Transporter **None**

Remarks: **Sandall fractured perfor. (1033'-1070') w/58,800 gals. oil and 57,000# sand. Flush w/1100 gals. oil. Spotted 200 gals. mud acid ahead of frack job.**

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

Approved: **JUN 30 1959**, 19____

OIL CONSERVATION COMMISSION

By: _____

Title **PETROLEUM ENGINEER DIST. NO. 3**

El Paso Natural Gas Products Company
(Company or Operator)

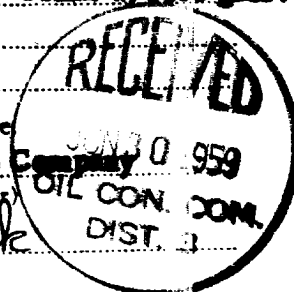
By: **John J. Strzlek**
(Signature)

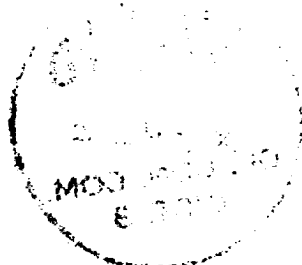
Title **Petroleum Engineer**

Send Communications regarding well to:

Name **Ewell N. Walsh**

Address **Box 1565, Farmington, New Mexico**





OIL CONSERVATION COMMISSION		
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