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.

Durango, Colorado (Place) 12/28/59 (Date)

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

EPROC Associates (Company or Operator) Altman-State (Lease), Well No. 1, in SE ¼ NW ¼,

F (Unit Letter), Sec. 2, T. 30 N, R. 16 W, NMPM., Horseshoe Canyon Pool

San Juan County. Date Spudded 12/6/59 Date Drilling Completed 12/20/59

Elevation 5640' DF Total Depth 1745' PBTD 1734'

Top Oil/Gas Pay 1574' Name of Prod. Form. Gallup

PRODUCING INTERVAL -

Perforations 1574-1612, 1616-26, 1715-19

Open Hole ____ Depth Casing Shoe 1734 Depth Tubing ____

OIL WELL TEST -

Natural Prod. Test: nil 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): 37 bbls.oil, 0 bbls water in 4 hrs, 30 min. Choke 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: ____ 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): 29,778 gals oil, 100,000 lbs sand

Casing Press. ____ Tubing Press. ____ Date first new oil run to tanks 12/27/59

Oil Transporter El Paso Natural Gas Products Company

Gas Transporter ____

Please indicate location:

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4	67'	40
5 1/2	1734'	80

Remarks: *swabbing through 5½" casing, ~~tested 12/30/59~~

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

Approved JAN 7 1960, 19

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

EPROC Associates (Company or Operator)

By: W. E. Carr (Signature)

Title General Partner

Send Communications regarding well to:

Name EPROC Associates

Address P. O. Box 1710, Durango, Colorado