

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/47

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion
~~XXXXXXXXXX~~

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 QUADRUPPLICATE 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 17, 1960
(Place) (Date)

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

El Paso Natural Gas Company San Juan 27-4 Unit, Well No. 26, in SW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

M, Sec. 31, T. 27-N, R. 4-W, NMPM, Blanco Mesa Verde Pool
Unit Letter

Rio Arriba

County. Date Spudded 9-16-60 Date Drilling Completed 9-27-60
Elevation 7352 Total Depth 6460 ~~6450~~ 6450

Please indicate location:

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

860 S, 790 W

Top Oil/Gas Pay 6280' (Perf) Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL - 6280-6284; 6290-6298; 6302-6308; 6324-6336;

Perforations 6350-6358; 6370-6376; 6386-6392; 6400-6408

Open Hole None Depth 6456 Casing Shoe 6456 Depth 6280 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 Choke load oil used): _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Choke Size _____

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4"	281	200
7 5/8"	4284	90
5 1/2"	2254	220
2"	6280	

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

Test After Acid or Fracture Treatment: 3502 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): 65,310 gal water & 60,000 # sand

Casing 1176 Tubing 1178 Date first new oil run to tanks _____
Press. _____ Press. _____

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 21 1960

_____, 19____

El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

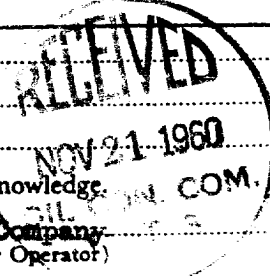
By: Original Signed By: D.H. Oheim
(Signature)

Title Petroleum Engineer

Send Communications regarding well to:

Name E. S. Oberly

Address Box 990, Farmington, New Mexico



STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
AZT. C DISTRICT OFFICE		
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