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	GAS
PRODUCTION OFFICE	
OPERATOR	

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 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 June 20, 1962
(Place) (Date)

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

El Paso Natural Gas Company San Juan 27-5 Unit, Well No. 73, in SW $\frac{1}{4}$, SE $\frac{1}{4}$,
(Company or Operator) (Lease)
0, Sec. 30, T. 27N, R. 5W, NMPM., So. Blanco P. Co. Pool

Rio Arriba

Please indicate location:

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

890'S, 1550'E

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	124	125
2 7/8	3185	180

County. San Juan Date Spudded 5-18-62 Date Drilling Completed 5-23-62
Elevation 6388' G Total Depth 3200' COX 3188'
Top Oil/Gas Pay 3062 Perf. Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3134-40; 3062-68; 3080-86

Open Hole None Depth 3188 Depth 3188'
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): _____ bbls. oil, _____ bbls water in _____ hrs, _____ 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: 794 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): 41,240 gallons water, 35,000 sand

Casing 1079 Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks

Oil Transporter El Paso Natural Gas Products

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 JUN 25 1962, 19____

El Paso Natural Gas Company
(Company or Operator)

Original Signed D. W. Meehan
By: _____
(Signature)

OIL CONSERVATION COMMISSION
Original Signed By
By: A. R. KENDRICK
Title PETROLEUM ENGINEER DIST. NO. 3

Title Petroleum Engineer
Send Communications regarding well to:
Name E. S. Oberly
Address Box 990, Farmington, N.M.

