

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
(Place)

January 8, 1960
(Date)

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

El Paso Natural Gas Co. San Juan 27-4 Unit, Well No. 23 (PM), in SW 1/4 SW 1/4,
(Company or Operator) (Lease)
M, Sec. 19, T. 27N, R. 4W, NMPM., Blanco Mesa Verde Pool

Rio Arriba

Please indicate location:

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

1090'S, 990'W

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4"	161'	180
7 5/8"	3659'	110
5 1/2"	2313'	370
2 3/8"	5710'	---
1 1/4"	3468'	---

County. Date Spudded 10-31-59 Date Drilling Completed 11-16-59
Elevation 6642' Total Depth 5920' ~~xxxxx~~ C.O. 5871'
Top Oil/Gas Pay 5654' (Perf.) Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL -

Perforations 5654-5664; 5672-5680; 5694-5704; 5736-5746; 5770-5778; 5786-5800

Open Hole None Depth 5915' Casing Shoe 5710 Depth 5710 Tubing

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 Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. 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: 2616 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: Calculated A.O.F.

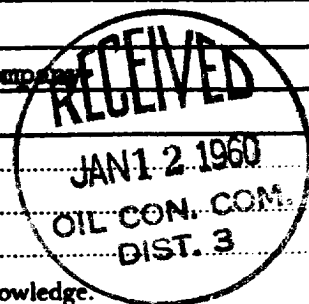
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 72,988 gal. water & 60,000# sand.

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. 1109 oil run to tanks _____

Oil Transporter El Paso Natural Gas Products Company

Gas Transporter El Paso Natural Gas Company

Remarks: Baker Model "N" Packer at 4968'



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

Approved: JAN 12 1960, 19____

El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: ORIGINAL SIGNED H.E. McANALLY
(Signature)

By: PETROLEUM ENGINEER DIST. NO. 3
Title _____

Title Petroleum Engineer
Send Communications regarding well to:

Name E. S. Oberly

Address Box 997, Farmington, New Mexico

OIL CONSERVATION COMMISSION
AZTEC DISTRICT OFFICE

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