

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

Form C-104
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

~~Recompletion~~
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 15.023 psia at 60° Fahrenheit.

Farmington, New Mexico October 20, 1961
Place Date

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS

El Paso Natural Gas Co. San Juan 27-5 Well No 50 (MV) in SW 1/4 NE 1/4
Company or Operator

G Sec 19 T 27 R 5 NMPM Blanco Mesa Verde Pool
Twp. Letter

Rio Arriba County Date Spudded Re: Completed
Date 8-29-61

Please indicate location

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

Elevation 6412 G 5550

Oil thickness 5306 Name of section Mesa Verde

ADDITIONAL DEPTH -

Test intervals

Test hole 5547 5396

ADDITIONAL DEPTH -

Maximum test flow 1000 gals. per min. 1000 gals. per min. 1000 gals. per min.

Test after acid or fracture treatment, after recovery of volume of fluid used () bbls. oil, () bbls. water, () bbls. gas. Size

ADDITIONAL DEPTH -

Interval of test 1000 gals. per min. 1000 gals. per min. 1000 gals. per min.

Tubing, Casing and Cementing Record

Size	Feet	Sex
10-3/4	174	202
7-5/8	3349	220
5-1/2	5547	400
2-3/8	5396	

Well and tubing () test, tank pressure, etc.

Test after acid or fracture treatment, after recovery of volume of fluid used () bbls. oil, () bbls. water, () bbls. gas. Size

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Remarks: An intermitter was installed. Turned back on production 9-6-61.

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

Approved OCT 26 1961

OIL CONSERVATION COMMISSION

By:

Signature

Title Production Engineer

Send Communications regarding well to

Name

Address

By:

Title Supervisor Dist. # 3

