

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.

Farmington, New Mexico

June 13, 1958

(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. 30 (FM), in NE $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)

A, Sec. 21, T. 27N, R. 5W, NMPM., Blanco Pool
Unit Letter

Rio Arriba

County. Date Spudded 3-4-58

Date Drilling Completed 4-7-58

Please indicate location:

Elevation 6570' Total Depth 5723' ~~max~~ C.O. 5670'

Top Oil/Gas Pay 5497' (Perf.) Name of Prod. Form. M sa Verde

PRODUCING INTERVAL 5497-5509; 5517-5539; 5553-5567;

Perforations 5577-5593; 5609-5623; 5637-5657

Open Hole None Depth 5713 Depth 5653
Casing Shoe 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 _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4"	161'	150
7 5/8"	3549'	150
5 1/2"	2191'	250
2"	5653'	---
1 1/4"	3431'	---

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

Test After Acid or Fracture Treatment: 2886 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): 56,996 gal. water and 60,000# sand.

Casing _____ Tubing _____ Date first new
Press. _____ Press. 1119 oil run to tanks

Oil Transporter El Paso Natural Gas Products Company

Gas Transporter El Paso Natural Gas Company

Remarks: Baker "EGJ" Packer at 3582'.

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

Approved: _____, 19____

El Paso Natural Gas Company

(Company or Operator)

Original Signed D. C. Johnston

By: _____
(Signature)

Title Petroleum Engineer

Send Communications regarding well to:

Name E. S. Oberly

Address Box 997, Farmington, New Mexico

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3