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LAND OFFICE	
TRANSPORTER	OIL 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 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

December 6, 1961

(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. 64 (PM), in. SW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator)
M 27-N, R 5-W, NMPM, Tapacito Pictured Cliffs Ext. Pool
Unit Later Sec. 9, T 27-N, R 5-W, NMPM, Tapacito Pictured Cliffs Ext. 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, 800' W

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
9 5/8"	150	120
7"	3743	140
4 1/2"	2262	215
2 3/8"	5838	
1 1/4"	3619	

County. Date Spudded 10-12-61 Date Drilling Completed 10-21-61
Elevation 5735 DF Total Depth 5937 ~~5913~~

Top Oil/Gas Pay 3562 (Perf) Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3562-68; 3574-80; 3586-92;

Open Hole None Depth 5937 Depth 3755
Casing Shoe 5937 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 load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

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: 2952 MCF/Day; Hours flowed 3

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

Acid or Fracture Treatment (Give amount of materials used, such as acid, water, oil, and sand): 45,000 gal water, 45,000# sand

Casing Press. 1037 Tubing Press. 969 Date first new oil run to tanks _____

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 12-11-1961, 19____

El Paso Natural Gas Company

(Company or Operator)

OIL CONSERVATION COMMISSION

Original Signed By

By: A. R. KENDRICK

Title PETROLEUM ENGINEER DIST NO 3

By: _____ (Signature)

Petroleum Engineer

Title _____ Send Communications regarding well to:

Name E. S. Oberly

Address Box 990, Farmington, New Mexico

