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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

January 4, 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. **54 (PM)**, in **NW** **SW** **1/4** **1/4**.

(Company or Operator)
L

(Lease)
31

27-N

5-W

Blanco Mesa Verde

Pool

Unit Letter
Rio Arriba

County, Date Spudded **11-7-60**

Date Drilling Completed **11-17-60**

Elevation **6487** Total Depth **5550** **5515'**

Please indicate location:

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

1700 S, 800 W

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Size
10 3/4"	121	150
7 5/8"	3357	90
5 1/2"	2232	310
2"	5457	
1 1/4"	3229	

Top Oil/Gas Pay **4886' (Perf)** Name of Prod. Form. **Mesa Verde**

PRODUCING INTERVAL **4886-4894; 4932-4940; 4944-4950; 4964-4970; 4980-4990; 5412-5420; 5430-5440; 5444-5454; 5462-5470; 5484-5490**

Perforations

Open Hole **None** Depth **5543'** Depth Casing Shoe **5457**

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

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: **3395** MCF/Day; Hours flowed **3**

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

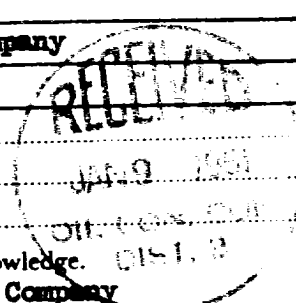
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **64,054 gal water, 40,000# sand & 63,496 gal water, 60,000# sand.**

Casing Press. _____ Tubing Press. **1068** Date first new oil run to tanks _____

Oil Transporter **El Paso Natural Gas Products Company**

Gas Transporter **El Paso Natural Gas Company**

Remarks: **Gulberson "Shorty" packer set at 3392'**



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

Approved **JAN 9 1961**, 19____

El Paso Natural Gas Company

(Company or Operator)

OIL CONSERVATION COMMISSION

Original Signed Emery C. Arnold

By: _____

Title **Supervisor Dist # 3**

By: **Emery C. Arnold** (Signature)

Title **Petroleum Engineer**

Send Communications regarding well to:

Name **E. S. Oberly**

Address **Box 990, Farmington, New Mexico**