

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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

9/8/59

(Place)

(Date)

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

El Paso Natural Gas Co.

San Juan 28-7

Well No. **25**

in **NE**

SW

1/4

(Company or Operator)

(Lease)

K

Sec. **23**

T. **28**

R. **7**

NMPM.

Blanco Mesa Verde

Pool

Unit Letter

Re-Completed

Rio Arriba

County. Date Spudded **-**

Date Drilling **4/16/59**

Please indicate location:

Elevation **6639 G**

Total Depth **5694**

FBTD **-**

Top Oil/Gas Pay **4967**

Name of Prod. Form. **Mesa Verde**

PRODUCING INTERVAL -

Perforations **Open Hole**

Open Hole **4925 - 5694**

Depth

4925

Depth

5670

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

S&W

9-5/8	175	125
7	4925	500
2	5670	-

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

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): _____

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

Oil Transporter _____

Gas Transporter _____

Remarks: **Intermittent equipment installed to remove liquids from well bore which were interfering with the gas production back on production 4/17/59.**

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)

OIL CONSERVATION COMMISSION

Original Signed By

By: **A. R. KENDRICK**

Title **PETROLEUM ENGINEER DIST. NO. 3**

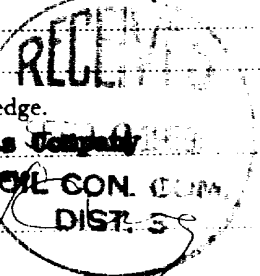
By: **Tony L. King** (Signature)

Title **Production Engineer**

Send Communications regarding well to:

Name _____

Address _____



OH CONSERVATION COMMITTEE

ATTC DISTRICT OFFICE

Received

DISTRIBUTION

	NO. DISTRIBUTED	
FBI	1	✓
FBI		