

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 July 15, 1959
(Place) (Date)

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

El Paso Natural Gas Company Hancock , Well No. 4 (PM) , in SW 1/4 SW 1/4 ,
(Company or Operator) (Lease)

M , Sec. 23 , T. 28N , R. 9W , NMPM. Blanco Mesa Verde Pool

Unit Letter

San Juan

County. Date Spudded 5-8-59 Date Drilling Completed 5-26-59

Please indicate location:

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

1090'S, 990'W

Elevation 6980 Total Depth 5737' ~~and~~ C.O. 5655'

Top Oil/Gas Pay 5500' (Perf.) Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL - 5500-5510; 5524-5534; 5574-5584; 5592-5606;

Perforations 5624-5636

Open Hole None Depth 5716' Depth 5586'
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
<u>10 3/4"</u>	<u>164'</u>	<u>120</u>
<u>7 5/8"</u>	<u>3375'</u>	<u>114</u>
<u>5 1/2"</u>	<u>2399</u>	<u>409</u>
<u>2"</u>	<u>5586'</u>	<u>---</u>
<u>1 1/4"</u>	<u>3232</u>	<u>---</u>

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

Test After Acid or Fracture Treatment: 5694 MCF/Day; Hours flowed 3

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

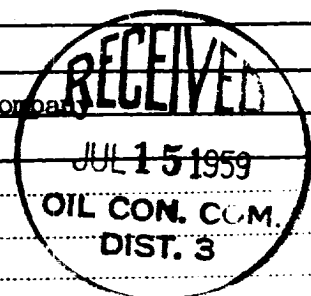
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 70,000 gal. water & 70,000# sand

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. 945 oil run to tanks

Oil Transporter El Paso Natural Gas Products Company

Gas Transporter El Paso Natural Gas Company

Remarks: Baker "EGJ" Packer set at 3401'



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

Approved JUL 15 1959 , 19_____

El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold
Supervisor Dist. # 3
Title _____

By: _____
(Signature)

Title Petroleum Engineer
Send Communications regarding well to:

Name E. S. Oberly

Address Box 997, Farmington, New Mexico

OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
No. _____		
DATE _____		
DISTRIBUTION		
General	1	
Special	1	
Subsidiary	1	
State		
A. S. G. S.		
Transport		
File	1	✓