

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 QUADRUPPLICATE 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
(Place)

10-4-57
(Date)

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

Pacific Northwest Pipeline Corp. San Juan 29-6, Well No. 49-35, in SE $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

N Sec. 35, T. 29N, R. 6W, NMPM., Blanco Mesa Verde Pool
Unit Letter

Rio Arriba County. Date Spudded 7-2-57 Date Drilling Completed 8-28-57
Elevation 6439 Total Depth 5651 PBD 5648

Please indicate location:

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

1090 South 1650 West

Top Oil/Gas Pay 5070 Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL -

Perforations 5070-5634
Open Hole _____ Depth _____ Depth _____
Casing Shoe _____ Tubing 5611

OIL WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Size
<u>10-3/4</u>	<u>223</u>	<u>800</u>
<u>7-5/8</u>	<u>3529</u>	<u>200</u>
<u>5-1/2</u>	<u>5651</u>	<u>150</u>
<u>1-1/4</u>	<u>5611</u>	

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

Test After Acid or Fracture Treatment: 3,719 MCF/Day; Hours flowed 3 hours
Choke Size 3/4" Method of Testing: 4,022 Mcf/d CAGP

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 3,100 barrels water

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

Oil Transporter _____

Gas Transporter Pacific Northwest Pipeline Corporation

Remarks: _____

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

Approved: OCT 7 1957, 19.....

Pacific Northwest Pipeline Corporation
(Company or Operator)

Original signed by G. H. Peppin

By: _____
(Signature)

OIL CONSERVATION COMMISSION

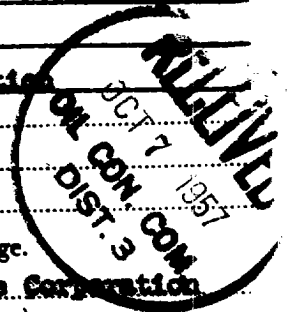
By: Original Signed Emery C. Arnold

Title: District Production Engineer
Send Communications regarding well to:

Title Supervisor Dist. # 3

Name: Pacific Northwest Pipeline Corporation

Address: 405 1/2 West Broadway, Farmington, N. M.



OIL CONSERVATION COMMISSION

AZTEC DISTRICT OFFICE

No. Copies Received	4
IDENTIFICATION	
Name of	1
Address	1
Telephone Office	1
Telephone Home	
Transfer to	
File	1