

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
(Place)

January 29, 1960
(Date)

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

El Paso Natural Gas Co. San Juan 29-4 Unit, Well No. 18-33, in SE $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)

H 33 29N 4W NMPM, Blanco Mesa Verde Pool
Unit Letter Sec. T. R.

Rio Arriba

Please indicate location:

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

1500'N, 810'E

County. Date Spudded 9-16-59 Date Drilling Completed 11-3-59
Elevation 7365 Total Depth 8845 PBD 8555

Top Oil/Gas Pay 6484' (Perf.) Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL -6484-6498; 6504-6518; 6538-6552; 6560-6564;

Perforations 6598-6604; 6612-6616; 6620-6624

Open Hole None Depth 8485 Depth 6578
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>13 3/8"</u>	<u>315</u>	<u>250</u>
<u>9 5/8"</u>	<u>4466'</u>	<u>170</u>
<u>7"</u>	<u>6478</u>	<u>970</u>
<u>5"</u>	<u>446</u>	<u>50</u>
<u>1 1/4"</u>	<u>6578'</u>	<u>---</u>

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

Test After Acid or Fracture Treatment: 1302 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): 60,000 gal. water & 50,000# sand.

Casing 1041 Tubing 1043 Date first new
Press. 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: _____, 1960

El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION
Original Signed Emery C. Arnold

By: _____
Supervisor Dist. # 3

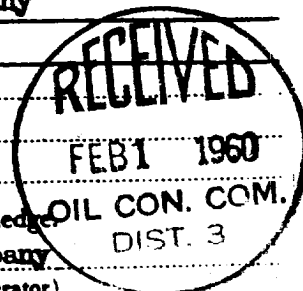
By: ORIGINAL SIGNED B.H. MEANS
(Signature)

Title Petroleum Engineer

Send Communications regarding well to:

Name E. S. Oberly

Address Box 997, Farmington, New Mexico



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	2	
	1	
	1	
Transporter		
File	1	✓