

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

April 12, 1960

(Place)

(Date)

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

El Paso Natural Gas Company San Juan 29-5 Unit, Well No. 13-30(MD) in SE $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)

H, Sec. 30, T. 29N, R. 5W, NMPM, Wildcat Dakota Pool
Unit Letter

Rio Arriba

County. Date Spudded 10-16-59 Date Drilling Completed 11-16-59

Please indicate location:

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

1650'N, 800'E

Elevation 6747' Total Depth 8214' ~~XXXX~~ C.O. 8130'

Top Oil/Gas Pay 7980' (Perf) Name of Prod. Form. Dakota

PRODUCING INTERVAL - 7980-7990; 7996-8004; 8032-8038; 8046-8054;
Perforations 8060-8074; 8088-8096

Open Hole None Depth 8199 Casing Shoe 8043 Depth 8043 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
13 3/8"	315	360
9 5/8"	3858	160
7"	7844	1000
5"	442	175
2"	8043	---
1 1/4"	5970	---

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

Test After Acid or Fracture Treatment: 908 MCF/Day; Hours flowed 3

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

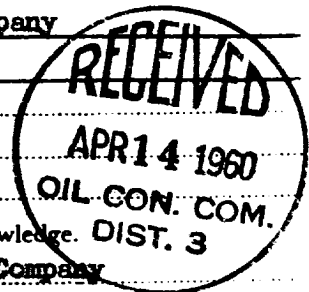
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 77,040 gal. water & 50,000# sand.

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. 2380 oil run to tanks _____

Oil Transporter El Paso Natural Gas Products Company

Gas Transporter El Paso Natural Gas Company

Remarks: Baker Model "D" packer set at 7740'.



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

Approved: APR 14 1960, 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: ORIGINAL SIGNED E.E. McANALLY
(Signature)

Title Petroleum Engineer

Send Communications regarding well to:

Name E. S. Oberly

Address Box 997, Farmington, New Mexico

STATE OF NEW MEXICO	
OIL CONSERVATION COMMISSION	
AZTEC DISTRICT OFFICE	
NUMBER OF COPIES RECEIVED	
DESTINATION	
SANTA FE	
FILE	
U.S.P.S.	
LAND OFFICE	
TRANSPORTER	
PRODUCTION	
OPERATOR	

STATE OF NEW MEXICO	
OIL CONSERVATION COMMISSION	
AZTEC DISTRICT OFFICE	
NUMBER OF COPIES RECEIVED	
DESTINATION	
SANTA FE	1
FILE	1
U.S.P.S.	
LAND OFFICE	
TRANSPORTER	
PRODUCTION	1
OPERATOR	2