

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 August 4, 1960

(Place)

(Date)

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

El Paso Natural Gas Co. San Juan 29-6 Unit Well No. 65-19 in NE $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)

A Sec. 19 T. 29N R. 6W NMPM. Elanco Mesa Verde Pool
Unit Letter
Rio Arriba

Please indicate location:

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

990'N, 940'E

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4"	122	160
7 5/8"	3545	120
5 1/2"	2195'	200
2"	5588'	---

County. San Juan Date Spudded 6-12-60 Date Drilling Completed 6-23-60
Elevation 6449 Total Depth 5687 ~~xxxx~~ C.O.T.D. 5638

Top Oil/Gas Pay 5118' (Perf.) Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL - 5118-5136; 5504-5510; 5530-5538; 5544-5556; 5566-5572;

Perforations 5584-5590

Open Hole None Depth 5684' Depth Casing Shoe 5684' Depth Tubing 5588'

OIL WELL TEST -

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

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

Test After Acid or Fracture Treatment: 11,355 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): 41,370 gal. water & 150,000# sand; 34,188 gal. water & 30,000# sand

Casing 1035 Tubing 1022 Date first new oil run to tanks _____
Press. _____

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 AUG 5 1960 _____, 19____

El Paso Natural Gas Company
(Company or Operator)

By: _____ Original Signed By: D.H. Oheim
(Signature)

Title Petroleum Engineer

Send Communications regarding well to:

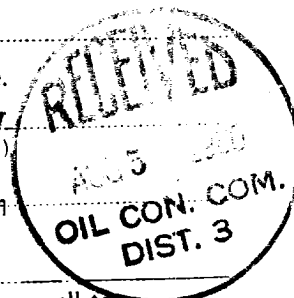
Name E. S. Oberly

Address Box 990, Farmington, New Mexico

OIL CONSERVATION COMMISSION
Original Signed Emery C. Arnold

By: _____
Supervisor Dist. # 3

Title _____



STATE OF NEW MEXICO	
OIL CONSERVATION COMMISSION	
ALBUQUERQUE DISTRICT OFFICE	
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DISTRICT	
SANTA FE	✓
FILE	✓
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	✓
OPERATOR	