

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
~~EXISTING~~

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

September 26, 1960

(Place)

(Date)

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

El Paso Natural Gas Company San Juan 29-6 Unit, Well No. 64-9, in SW 1/4 NE 1/4,

(Company or Operator)

(Lease)

Q (Company or Operator) Sec. 9, T. 29N, R. 6W, NMPM., Blanco Mesa Verde Pool

Unit Letter
Rio Arriba

County. Date Spudded 6-29-60 Date Drilling Completed 7-12-60

Elevation 6507 Total Depth 5825 PBD 3793

Please indicate location:

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

Top Oil/Gas Pay 5252' (Perf) Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL - 5252-5256; 5260-5270; 5274-5278;

Perforations 5576-5586-5660-5670; 5680-5692; 5708-5716

Open Hole None Depth 5824 Depth Casing Shoe 5824 Tubing

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls. water in _____ hrs. Choke Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

| Size | Feet | Sax |
|----------|------|-----|
| 10 3/4" | 122 | 168 |
| 7" | 3660 | 115 |
| 2 & 7/8" | 5814 | 431 |
| | | |
| | | |

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

Test After Acid or Fracture Treatment: 7639 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): 68,000 gal water & 40,000 # sand.

Casing 1072 Tubing 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 SEP 30 1960 _____, 19

El Paso Natural Gas Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Livery C. ARNOLD

Title Supervisor Dist. # 2

By: Original Signed D. W. Meehan
(Signature)

Title Petroleum Engineer

Send Communications regarding well to:

Name E. S. Oberly

Address Box 990, Farmington, New Mexico