

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
(Place)

June 28 1960
(Date)

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

El Paso Natural Gas Company San Juan 30- 5 Unit, Well No. 31-27, in N.W. 1/4 S.W. 1/4,
(Company or Operator) (Lease)

L Sec. 27, T. 30 N, R. 5 W, NMPM, Blanco Mesa Verde Pool
Unit Letter

Rio Arriba

Please indicate location:

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

County San Juan Date Spudded 5-2-60 Date Drilling Completed 5-17-60
Elevation 6533 Total Depth 5890 ~~SS~~ SS 5836

Top Oil/Gas Pay 5584' (Perf) Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL - 5584-5592; 5598-5608; 5630-5644; 5656-5690

Perforations 5726-5738; 5742-5754; 5764-5778; 5798-5806; 5826-5832;

Open Hole None Depth 5882 Depth 5836
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 _____

1840 S, 1090 W

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4"	162	225
7 5/8"	3645	150
5 1/2"	2307	216
2 "	5836	

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

Test After Acid or Fracture Treatment: 2578 MCF/Day; Hours flowed three

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): 79,464 gal. water & 45,000 # sand

Casing Press. 1185 Tubing Press. 980 Date first new 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: _____, 19____

El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

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

Title: Petroleum Engineer

Send Communications regarding well to:

Name: E. S. Oberly

Address: Box 990 Farmington, New Mexico

Title: _____

MISSION	
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