

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 QUADRUPPLICATE 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 13.025 psia at 60° Fahrenheit.

Farmington, New Mexico

February 10, 1958

(Place)

(Date)

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

El Paso Natural Gas Company **Manning**, Well No. **1-A**, in **NW** **SW**
(Company or Operator) (Lease)

L, Sec. **20**, T. **30N**, R. **6W**, NMPM., **Blanco** Pool
Unit Letter

Rio Arriba

County **San Juan** Date Spudded **11-24-57** Date Drilling Completed **12-11-57**
Elevation **6241'** Total Depth **5651'** ~~xxxx~~ C.O. **5583'**

Please indicate location:

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

1550S, 990W

Top Oil/Gas Pay **5276' (Perf.)** Name of Prod. Form. **Mesa Verde**

PRODUCING INTERVAL - **5276-5286; 5294-5306; 5306-5414; 5422-5442;**
Perforations **5454-5480; 5490-5510; 5560-5580**

Open Hole **None** Depth **5610'** Depth Casing Shoe **5582'**

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of _____ Choke Size _____)

_____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____

ACID FRACTURE TEST -

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

_____ (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: **12,464** 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 _____)

60,250 gal. Water & 60,000# sand & 40,000 gal. water
_____ Tubing _____ Date first new _____
_____ Press. **1101** oil run to tanks **20,000#** sd.

Company Operator: **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: **FEB 13 1958**, 19____

(Company or Operator)

OIL CONSERVATION COMMISSION

By Original Signed **D. C. Johnson**

(Signature)

By: **Original Signed Emery C. Arnold**

Title: **Petroleum Engineer**

Send Communications regarding well to:

Title: **Supervisor Dist. # 3**

Name: **E. S. Oberly**

Address: **Box 997, Farmington, New Mexico**

