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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico November 30, 1960
(Place) (Date)

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

El Paso Natural Gas Company San Juan 30-6 Unit, Well No. 35-24, in NE 1/4 NE 1/4,
(Company or Operator) (Lease)

A, Sec. 24, T. 30-N, R. 6-W, NMPM, Blanco Mesa Verde Pool
Unit Letter

Rio Arriba

County Date Spudded 9-4-60 Date Drilling Completed 9-18-60
Elevation 6295 Total Depth 5697 C.O. 5645

Please indicate location:

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

1060 N, 850 E

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4"	282'	340
7"	3472	110
2 7/8"	5671	160

Top Oil/Gas Pay 5318' (Perf) Name of Prod. Form. Mesa Verde
PRODUCING INTERVAL - 5318-5326; 5406-5414; 5455-5469; 5497-5505;
Perforations 5557-5565; 5590-5598; 5608-5614
Open Hole None Depth Casing Shoe 5682 Depth Tubing

OIL WELL TEST -

Natural Prod. 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
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: 949 MCF/Day; Hours flowed 3
Choke Size 3/4" Method of Testing: Calculated A.O.F.

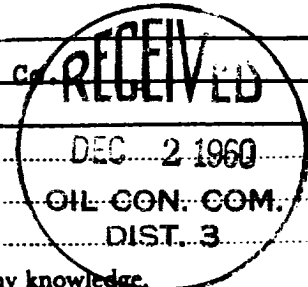
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 61,330 gal water & 50,000 # sand, 1000 gal 7 1/2 % NCA

Casing Press. 627 Tubing Press. _____ Date first new oil run to tanks _____

Oil Transporter El Paso Natural Gas Products Co.

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 DEC 2 1960, 19 _____

El Paso Natural Gas Company

(Company or Operator)

ORIGINAL SIGNED H.E. McANALLY

By: _____ (Signature)

Petroleum Engineer

Title: _____ Send Communications regarding well to:

Name: E. S. Oberly

Address: Box 990, Farmington, New Mexico

OIL CONSERVATION COMMISSION

Original Signed By

By: A. R. KENDRICK

Title: PETROLEUM ENGINEER DIST. NO. 3

STATE OF NEW MEXICO	
OIL CONSERVATION COMMISSION	
OFFICE	
No. 13,000,000,000	
N	
S/N A F	✓
FR.	✓
U.S.	
LAND OPER.	
TRANSPORTER	
PRODUCTION OFFICE	
OPERATOR	