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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

July 19, 1961

(Place)

(Date)

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

El Paso Natural Gas Company **San Juan 30-5 Unit**, Well No. **35**, in **NE** $\frac{1}{4}$ **SW** $\frac{1}{4}$,
(Company or Operator) (Lease)

K, Sec. **7**, T. **30-N**, R. **5-W**, NMPM., **Blanco Mesa Verde** Pool
Unit Letter

Rio Arriba

County. Date Spudded **5-17-61** Date Drilling Completed **5-26-61**
Elevation **6206'** Total Depth **5600** ~~MD~~ **5585**

Please indicate location:

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

1840 S, 1650 W

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
9 5/8"	289	300
7"	3384	270
2 7/8"	5579	220

Top Oil/Gas Pay **5310' (Perf)** Name of Prod. Form. **Mesa Verde**

PRODUCING INTERVAL - **5310-5320; 5326-5332; 5366-5374;**
5390-5408; 5450-5456; 5496-5504

Perforations
Open Hole **None** Depth **5591** Depth **5585**
Casing Shoe Tubing

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 _____

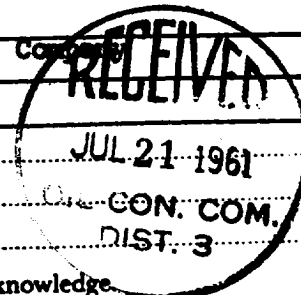
GAS WELL TEST -
Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____
Test After Acid or Fracture Treatment: **3193** 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): **74,000 gal water & 58,000 sand**

Casing Press. **1208** Tubing Press. _____ Date first new oil run to tanks
El Paso Natural Gas Products Company
Oil Transporter **El Paso Natural Gas Company**
Gas Transporter

Remarks:



I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved **JUL 21 1961**, 19____

El Paso Natural GAS Company

(Company or Operator)

By: **Original Signed R. G. MILLER**
(Signature)

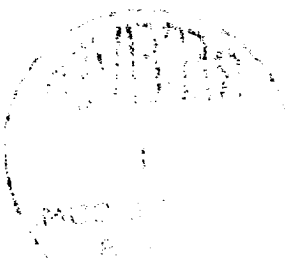
Title **Petroleum Engineer**
Send Communications regarding well to:
E. S. Oberly
Name

Address **Box 990, Farmington, New Mexico**

OIL CONSERVATION COMMISSION

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

Title **Supervisor Dist. # 3**



STATE OF NEW MEXICO	
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