

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
~~REOPENING~~

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 August 31, 1961
(Place) (Date)

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

El Paso Natural Gas Company San Juan 30-6 Unit No. 36, in SW $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)
G, Sec. 8, T. 30-N, R. 6-W, NMPM., Blanco Mesa Verde Pool

Unit Letter
Rio Arriba

Please indicate location:

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

1790' N, 1600' E

Tubing, Casing and Cementing Record

Size	Feet	Sax
9 5/8"	278	200
7"	3424	150
4 1/2"	2344	270
2 3/8"	5612	

County. 7-24-61 Date Drilling Completed 8-6-61
Elevation 6276 (G) Total Depth 5700 ~~RF~~ c.o. 5660

Top Oil/Gas Pay 5400 (Perf) Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL -

Perforations 5420-28; 5490-98; 5512-20; 5542-50; 5596-5604;

Open Hole None Depth 5695 Depth 5612
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: 4158 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: Calculated A.O.F.

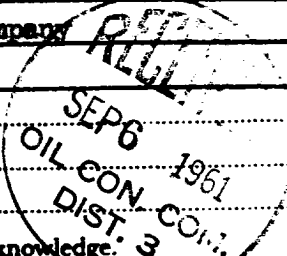
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 51,026 gal water, 60,000# sand

Casing Press. 1090 Tubing Press. 1090 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 SEP 6 1961, 19____

El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

Original Signed By _____

By: A. R. KENDRICK

Title PETROLEUM ENGINEER DIST. NO. 3

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

Petroleum Engineer

Title _____

Send Communications regarding well to:

Name E. S. Oberly

Address Box 990, Farmington, New Mexico

STATE OF NEW MEXICO
COUNTY OF SAGUARO
CITY OF TUCUMAN
I, _____, County Clerk, do hereby certify that _____
is the _____ of _____

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