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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 OIL**  
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

January 31, 1963

(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. 38 (OWO), in SW 1/4, SW 1/4,  
(Company or Operator) (Lease)

M, Sec. 27, T. 30N, R. 7W, NMPM, Blanco Mesa Verde Pool

Unit Letter

Rio Arriba

County. Date Spudded 8-16-52 Date Drilling Completed 10-14-52  
Elevation 6909 ft Total Depth 6292 PBD

Please indicate location:

Top Oil/Gas Pay 5600 Perf Name of Prod. Form. Mesa Verde

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

PRODUCING INTERVAL -

Perforations 5600-06; 5620-26; 5642-48; 5996-6002; 6066-72; 6085-91

Open Hole 159 Depth 6133 Depth 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 load oil used): \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_ Choke

GAS WELL TEST -

Natural Prod. Test: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_ Choke Size \_\_\_\_\_

990'S, 990'W  
(FOOTAGE)

Tubing, Casing and Cementing Record

Size Feet Sax

9 5/8"	208	125
5 1/2"	5430	225
2 7/8"	6123	200

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

Test After Acid or Fracture Treatment: 2214 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): 60,220 gallons water, 42,000# sand

Casing Press. 884 Tubing Press. \_\_\_\_\_ Date first new oil run to tanks \_\_\_\_\_

Oil Transporter El Paso Natural Gas Company

Gas Transporter El Paso Natural Gas Company

Remarks: See Workover on Back

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

Approved FEB 5 1963, 19

El Paso Natural Gas Company  
(Company or Operator)

By: ORIGINAL SIGNED H.E. McANALLY  
(Signature)

Title: Petroleum Engineer

Send Communications regarding well to:  
Name: E. S. Oberly

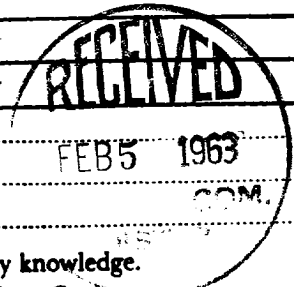
Address: Box 990, Farmington, New Mexico

OIL CONSERVATION COMMISSION

Original Signed by W. B. Smith

By: DEPUTY OIL & GAS INSPECTOR DIST. NO. 3

Title



WORKOVER

12-6-62 S. S. Reames Well Service moved on location  
12-7-62 Pulled tubing apart @ 1695'. Fishing.  
12-9-62 Recovered fish. Cleaning out open hole.  
12-14-62 Ran 196 joints 2 7/8" 6.4# J-55 casing (6123') set at 6133'. Cemented  
w/22 200 sacks 50-50 Pozmix, El Toro "35", 1/4 cu. ft. Strata-Crete "6"/sk.  
1/4# floccul/sk.  
12-18-62 Perf 6085-91; 5996-6002; 5642-48; 5620-26; 5600-06; 6066-72 (2 SPF);  
Frac w/60,220 gallons water, 42,000# sand. Flush w/1500 gallons water.  
I.R. 14.6 BPM. Max pr 4500#, BHP 1500#, Tr pr 3000-4500#, 2 drops of 10 balls.  
12-21-62 Shut in for test.  
12-31-62 Date well was tested.

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator  
Meridian Oil Inc.

Address  
P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) Meridian Oil Inc. is Operator for El Paso Production Company
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership/Operatorship	<input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner El Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 30-6 Unit	Well No. 38	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State (Federal) or Fee	Lease No. SF 079074
Location				
Unit Letter <u>M</u>	<u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u>			
Line of Section <u>27</u>	Township <u>30N</u>	Range <u>7W</u>	, NMPM, <u>Rio Arriba</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

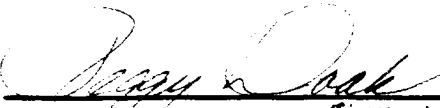
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
Unit <u>M</u> , Sec. <u>27</u> , Twp. <u>30N</u> , Rge. <u>7W</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

  
(Signature)  
Drilling Clerk  
(Title)  
11-1-86  
(Date)

REC  
NOV 1 1986  
OIL

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.