

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Registration

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
(Place)

September 2, 1960
(Date)

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

El Paso Natural Gas Company San Juan Unit 30-4 Well No. 33, in NW $\frac{1}{4}$ Sw $\frac{1}{4}$,
(Company or Operator) (Lease)
L 31 Sec. 31, T. 30 N, R. 4 W, NMPM., Blanco Mesa Verde Ext. Pool
Unit Letter
Rio Arriba County. Date Spudded 6-10-60 Date Drilling Completed 7-10-60
Elevation 7462' Total Depth 6930' 6889'

Please indicate location:

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

1590 S, 1110 W

Top Oil/Gas Pay 6438' (Perf) Name of Prod. Form. Mesa Verde
PRODUCING INTERVAL 6438-6448; 6552-6562; 6568-6576; 6600-6608; 6616-6626;
6640-6648; 6660-6666; 6670-6680;
Perforations 6688-6692; 6724-6730; 6736-6746; 6756-6764
Open Hole None Casing Shoe 6924 Tubing 6804'

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 _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4"	281	276
7 5/8"	4632	135
5 1/2"	2349	220
2"	6804	

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

Test After Acid or Fracture Treatment: 5328 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): 91,560 gal. water & 70,000 # sand.

Casing Tubing Date first new
Press. 1197 Press. 1180 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 8 1960, 19____

El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed D. W. Meehan
(Signature)

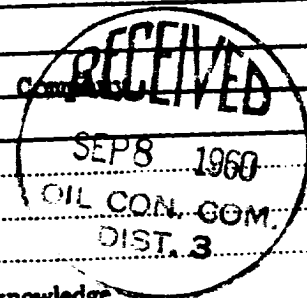
By: Original Signed Emory C. Arnold

Title Petroleum Engineer
Send Communications regarding well to:

Title Supervisor Dist. # 3

Name R. S. Oberly

Address Box 990, Farmington, New Mexico



STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
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