

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

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 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

June 3, 1960

(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. 30-21, in NW 1/4 SW 1/4,

(Company or Operator)

(Lease)

L 21, Sec. 21, T. 30 N, R. 5 W, NMPM, Blanco Mesa Verde Pool

Unit Letter

Rio Arriba

County. Date Spudded 4-17-60

Date Drilling Completed 5-2-60

Elevation 6539 Total Depth 5919' 5883'

Please indicate location:

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

1840 S, 890 W

Top Oil/Gas Pay 5476' (perf) Name of Prod. Form. Mesa Verde
PRODUCING INTERVAL - 5476-5484; 5490-5498; 5506-5510; 5524-5530; 5568-5576;
5710-5718; 5724-5730; 5734-5742; 5774-5780; 5806-5812;

Perforations

Open Hole None Depth 5914' Casing Shoe 5830

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 load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4"	161'	185
7 5/8"	3720'	180
5 1/2"	2212'	212
2 3/8"	5830	

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

Test After Acid or Fracture Treatment: 3703 MCF/Day; Hours flowed 3

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

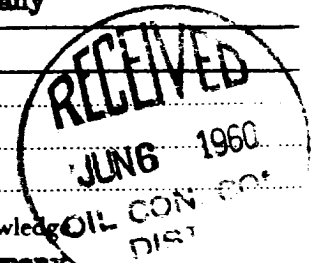
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 53,000 gal & 50,000 # sand. & 44,716 gal. water & 40,000 # Sand.

Casing 1166 Tubing 1165 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 JUN 6 1960, 19 _____ El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

By: ORIGINAL SIGNED B.H. MEANS
(Signature)

Title Petroleum Engineer
Send Communications regarding well to:

Name E.S. Oberly

Address Box 990 Farmington, New Mexico

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
FIELD OFFICE		
NUMBER OF WELLS	5	
STANDARD	1	
TYPE	1	✓
CLASS		
FIELD NO.		
TRANSPORT	01	
	8-5	
PERMITS	1	
OPERATOR	2	