

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 February 18, 1958
(Place) (Date)

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

PACIFIC NORTHWEST PIPELINE CORP. Rosa, Well No. 26-32, in. NE 1/4 NE 1/4,

(Company or Operator)

(Lease)

A, Sec. 32, T. 31N, R. 5W, NMPM., Blanco Mesa Verde Pool

Unit Letter

Rio Arriba

Please indicate location:

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

725 feet 700 feet

Tubing, Casing and Cementing Record

Size Feet Sx

10-3/4	240	200
7-5/8	3830	200
5-1/2	6024	200
1-1/4	5870	

County. Date Spudded 8-4-57 Date Drilling Completed
Elevation 6530' Total Depth 6025' PBTD 6022'

Top Oil/Gas Pay 5544' Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL -

Perforations 5544' - 5958'

Open Hole _____ Depth _____ Depth _____
Casing Shoe _____ 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 Choke
load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: 1,560 MCF/Day; Hours flowed 3 Choke Size 3/4

Method of Testing (pitot, back pressure, etc.): 3,074 Mcf/d CAOP

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

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and

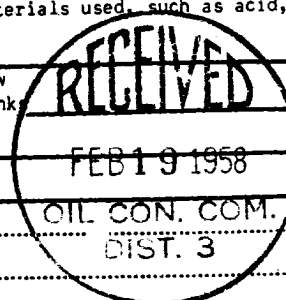
sand): _____

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tank _____

Oil Transporter _____

Gas Transporter Not connected.

Remarks: Beash Ross liner hanger at 3723'.



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

Approved _____ FEB 19 1958, 19. _____

PACIFIC NORTHWEST PIPELINE CORPORATION

(Company or Operator)

By: Original signed by G. H. Peppin
(Signature)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

Title District Production Engineer

Send Communications regarding well to:

Name PACIFIC NORTHWEST PIPELINE CORP.

Address 418 1/2 West Broadway, Farmington, N. M.