

**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**

**4-22-58**

(Place)

(Date)

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

**Pacific Northwest Pipeline Corp. Blanco 31-8**, Well No. **4-26**, in **SW**  $\frac{1}{4}$  **SW**  $\frac{1}{4}$ ,

(Company or Operator)

(Lease)

**N**, Sec. **26**, T. **31N**, R. **8W**, NMPM., **Blanco, NV** Pool

Unit Letter

**San Juan**

County. Date Spudded **12-30-57**

Date Drilling Completed **4-7-57**

Please indicate location:

Elevation **6231** Total Depth **5600** PBD **5592**

Top Oil/Gas Pay **5034** Name of Prod. Form. **Mesa Verde**

PRODUCING INTERVAL -

Perforations **5034 - 5534**

Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Casing Shoe \_\_\_\_\_ Depth \_\_\_\_\_ Tubing **5527**

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 \_\_\_\_\_

**Tubing, Casing and Cementing Record**

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

Size	Feet	Sax
10 3/4	197	200
7 5/8	3398	200
5 1/2	5600	200
1 1/2	5527	

Test After Acid or Fracture Treatment: **1,501** MCF/Day; Hours flowed **3**

Choke Size **3/4** Method of Testing: **CAOP - 3,301 mcf/d**

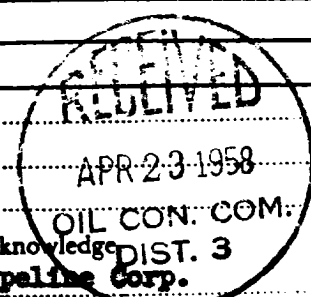
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **126,000 Gallons water with 200 gal. MCA Acid.**

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

Oil Transporter \_\_\_\_\_

Gas Transporter \_\_\_\_\_

Remarks: **Duras Liner Hanger @ 3285'.**



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

Approved: **APR 22 1958**, 19\_\_\_\_

**Pacific Northwest Pipeline Corp.**

(Company or Operator)

**OIL CONSERVATION COMMISSION**

Original Signed **Emery C. Arnold**

By: \_\_\_\_\_

Supervisor Dist. # **3**

Title \_\_\_\_\_

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

Title: **District Production Engineer**

Send Communications regarding well to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**OIL CONTROL COMMISSION**

**STATE STREET OFFICE**

DATE	4	
TIME		
NAME		
ADDRESS		
CITY		
STATE		
ZIP		
TELEPHONE		
COMMENTS		
INITIALS		✓