

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

12-5-57

(Place)

(Date)

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

PACIFIC NORTHWEST PIPELINE Klanco 31-8, Well No. 2-5, in SE $\frac{1}{4}$ SW $\frac{1}{4}$,

(Company or Operator)

(Lease)

H, Sec. 5, T. 31N, R. 8W, NMPM., Klanco Mesa Verde Pool

Unit Letter

San Juan

County. Date Spudded 7-9-57

Date Drilling Completed 7-21-57

Elevation 6437' Total Depth 5845' PBTD 5842'

Please indicate location:

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

1000 ft 1980 ft

Top Oil/Gas Pay 5800' Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL -

Perforations 5800-5800

Open Hole _____ Depth _____
Casing Shoe _____ Tubing _____

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

Size	Feet	Sax
<u>10-3/4</u>	<u>211</u>	<u>200</u>
<u>7-5/8</u>	<u>3544</u>	<u>200</u>
<u>5-1/2</u>	<u>5845</u>	<u>200</u>
<u>1-1/4</u>	<u>5802</u>	

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

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

Choke Size 3/4" Method of Testing: CAOF 2.787

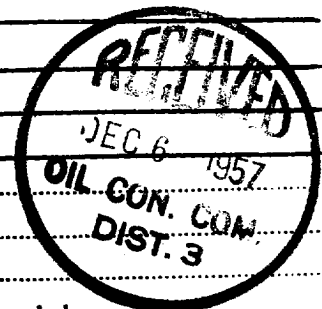
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 144,480 gallons water

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

Oil Transporter _____

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 December 6, 1957

PACIFIC NORTHWEST PIPELINE CORPORATION

(Company or Operator)

OIL CONSERVATION COMMISSION

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

Title District Production Engineer

Send Communications regarding well to:

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

Name PACIFIC NORTHWEST PIPELINE CORPORATION

Address 405 1/2 West Broadway, Farmington, New Mex.

OIL CONSERVATION COMMISSION

AZTEC DISTRICT OFFICE

No. Copies Received 4

DISTRICT OFFICE

Operator

Santa Fe

Proration Office

Director

U. S. G. O.

Transporter

File

1

✓