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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 December 1, 1960

(Place)

(Date)

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

El Paso Natural Gas Company San Juan 32-8 Unit, Well No. 13-9, in SW $\frac{1}{4}$ SW $\frac{1}{4}$,

(Company or Operator)

(Lease)

M San Juan Sec. 9, T. 31-N, R. 8-W, NMPM., Blanco Mesa Verde Pool

Unit Letter

San Juan

Please indicate location:

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

1120 S, 800 W

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4"	284	350
7 5/8"	3772	130
5 1/2"	2362	224
2"	5964	

County. San Juan Date Spudded 9-29-60 Date Drilling Completed 10-9-60
Elevation 6664' Total Depth 6090' C.O. 6006'

Top Oil/Gas Pay 5856' (Perf) Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL - 5856-5862; 5866-5872; 5884-5896;

Perforations 5910-5916; 5924-5930; 5942-5948-5968-5974

Open Hole None Depth 6084 Depth 5964
Casing Shoe 6084 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: _____ MCF/Day; Hours flowed _____ Choke Size _____

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

Test After Acid or Fracture Treatment: 4429 MCF/Day; Hours flowed 3

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

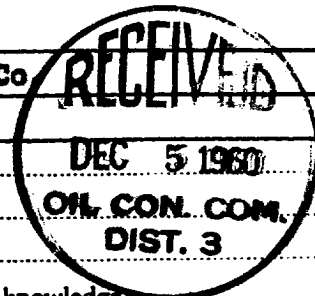
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 60,000 gal water, 60,000 # sand.

Casing 1118 Tubing 1118 Date first new oil run to tanks _____
Press. _____ Press. _____

Oil Transporter El Paso Natural Gas Products Co

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.

El Paso Natural Gas Company

Approved DEC 5, 1960, 19____

(Company or Operator)

OIL CONSERVATION COMMISSION

Original Signed By

By: A. R. KENDRICK

Title PETROLEUM ENGINEER DIST. NO. 3

By: ORIGINAL SIGNED H.E. McANALLY
(Signature)

Title Petroleum Engineer

Send Communications regarding well to:

Name E. S. Oberly

Address Box 990, Farmington, New Mexico

STATE OF NEW MEXICO		
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AZUL C DISTRICT OFFICE		
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