

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
(Place)

July 28, 1960
(Date)

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

El Paso Natural Gas Company San Juan 32-7 Unit, Well No. 22-29, in SE $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)
N, Sec. 29, T. 32N, R. 7W, NMPM., Blanco Mesa Verde Pool
Unit Letter

San Juan

County. Date Spudded 7-22-59 Date Drilling Completed 8-30-59
Elevation 6308' Total Depth 8014 S.O. 7966

Please indicate location:

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

1130 S, 1550 W

Top Oil/Gas Pay 5308' (Part) Name of Prod. Form. Mesa Verde
5803-5322; 5344-5354; 5416-5420; 5426-5434; 5530-5535;
PRODUCING INTERVAL - 5538-5544; 5546-5556; 5560-5562;
Perforations 5570-5575; 5580-5584; 5587-5592; 5596-5602; 5627-5631; 5636-5640
Open Hole None Depth 7738' Casing Shoe 5661

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 _____

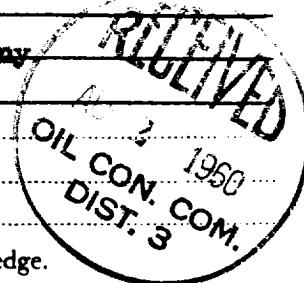
GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____
Method of Testing (pitot, back pressure, etc.): _____
Test After Acid or Fracture Treatment: 2161 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): 100,000 gal water & 50,000 # sand.
Casing _____ Tubing _____ Date first new _____
Press. 1198 Press. 867 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 AUG 2 1960, 19____

El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: ORIGINAL SIGNED J.J. TILLERSON
(Signature)

By: Original Signed Emery C. Arnold

Title Petroleum Engineer

Send Communications regarding well to:

Title Supervisor Dist. # 3

Name E. S. Oberly

Address Box 990, Farmington, New Mexico

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
AZTCC DISTRICT OFFICE		
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