

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 **4/6/60**
(Place) (Date)

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

El Paso Natural Gas Company **San Juan 32-8** Well No. **30-27** in **SW** $\frac{1}{4}$ **SW** $\frac{1}{4}$

Company or Operator: **M** Sec **27** T **32** R **8** NMPM **Blanco Mesaverde** Pool
Unit Letter **San Juan** **Recompleted**

Please indicate location:

County: **San Juan** Date Spudded: **4/6/60** Date Drilling: **4/6/60**
Elevation: **6647** Total Depth: **6135** **6130**

Top Oil/Gas Pay: **5524** Name of Prod. Form: **Mesaverde**

PRODUCING INTERVAL -

Perforations: _____
Casing Hole: _____ Depth: **6130** **6075**

PRODUCING INTERVAL -

Natural prod. tests: _____ (oil, gas, water in _____ bbls, _____ gals, _____ size)

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of fluid used): _____ (oil, gas, water in _____ bbls, _____ gals, _____ size)

PRODUCING INTERVAL -

Natural prod. tests: _____ MCF/day; hours flowed _____ (shale size)

Method of testing (vibrot, pack pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/day; hours flowed _____
Shale size _____ Method of testing: _____

Acid or Fracture Treatment (list amounts of materials used, such as acid, water, sand, and sand): _____
Casing: _____ Total: _____ (oil, gas, water in _____ bbls, _____ gals, _____ size)
Press: _____ Press: _____ (oil, gas, water in _____ bbls, _____ gals, _____ size)

Oil/Gas separator: _____

Company or Operator: **El Paso Natural Gas Company**

Remarks: **An intermitter was installed to facilitate the removal of liquids from the well bore. Turned back on production 4/7/60**

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

Approved: **JUN 21 1960** 19____ **El Paso Natural Gas**
(Company or Operator)

OIL CONSERVATION COMMISSION

Original Signed **Emery C. Arnold**

By: _____ Title: **Production Engineer** Send Communications regarding well to _____
District # **3** Address: _____



[illegible]