

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 August 7, 1957
(Place) (Date)

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

El Paso Natural Gas Company San Juan 32-9 Unit, Well No. 51, in SW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)
M, Sec. 29, T. 32N, R. 9W, NMPM., Blanco 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			

1090 S. 890W

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4"	160'	150
7 5/8"	3773'	250
5 1/2"	5972'	300
2"	5939'	-

County. San Juan Date Spudded 5-29-57 Date Drilling Completed 6-19-57
Elevation 6653 Total Depth 5985 ~~XXXX~~ C.O. 5968
Top Oil/Gas Pay 5440' (Perf.) Name of Prod. Form. M.V.
PRODUCING INTERVAL - 5440-5462; 5475-5487; 5496-5511; 5758-5774; 5808-5822;
Perforations 5838-5854; 5866-5876; 5886-5904; 5914-5924; 5439-5960
Open Hole None Depth 5982 Depth 5939
Casing Shoe 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: 6632 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): 50,000 gal. water and 50,000# sand. 53,000 gal water &
Casing 1028 Tubing 1025 Date first new 55,000# Sand.
Press. 1028 Press. 1025 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: AUG 8, 1957, 19____

El Paso Natural Gas Company
(Company or Operator)

By: Original Signed D. C. Johnston
(Signature)

Title Petroleum Engineer

Send Communications regarding well to:

Name E. J. Coel

Address Box 997, Farmington, New Mexico

OIL CONSERVATION COMMISSION

Original Signed By

By: A. R. KENDRICK

Title PETROLEUM ENGINEER DIST. NO. 3

OIL CONSERVATION COMMISSION

AZTEC DISTRICT OFFICE

No. Copies Received **5**

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