

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

Form C-104
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

~~RECOMPLETION~~
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 QUADRUPPLICATE 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)

6/7/60
(Date)

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

El Paso Natural Gas Company **San Juan 32-9**, Well No. **2**, in **NW** $\frac{1}{4}$ **SE** $\frac{1}{4}$.
(Company or Operator) (Lease)

J, Sec. **30**, T. **32**, R. **9**, NMPM, **Blanco Mesa Verde** Pool
(Unit Letter)

San Juan

County **San Juan** Date Spudded _____

Re: Completed
Date **6/7/60**

Please indicate location:

Elevation **6585** Total Depth **5975**

Top Oil/Gas Pay **5255** Name of Prod. Form **Mesa Verde**

PRODUCING INTERVAL -

Perforations _____

Open Hole _____ Depth _____ Casing Shoe **5203** Bottom **5827**

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 Sds

10-3/4"	198'	150
7"	5203	100
2"	5827	

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

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

Choke Size _____ Method of Testing: _____

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

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

Oil Transporter _____

Gas Transporter **El Paso Natural Gas Company**

Remarks: **Perforated tubing at following depths: 5228', 5258', and 5325'. on production 6/7/60.**

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

Approved **NOV 10 1960**, 19____ **El Paso Natural Gas Company**
Company or Operator

OIL CONSERVATION COMMISSION

By: **Lewis D. Galloway**
(Signature)

By: **Original Signed Emery C. Arnold** Title **Sr. Gas & Production Engineer**
Send Communications regarding well to

Title **Supervisor Dist. # 3**

Name _____

Address _____

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
AZUL DISTRICT OFFICE		
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