

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 October 24, 1958
(Place) (Date)

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

El Paso Natural Gas Company **Allison Unit** Well No. **17 (MD)** in **NE** $\frac{1}{4}$ **SW** $\frac{1}{4}$

(Company or Operator)

(Lease)

K Sec. **24** T. **32N** R. **7W** NMPM. **Blanco M. V.** Pool

Unit Letter

San Juan

County **San Juan** Date Spudded **6-27-58** Date Drilling Completed **8-11-58**

Please indicate location:

Elevation **6499'** Total Depth **8121'** ~~XXXX~~ C.O. **8109**

Top Oil/Gas Pay **5704' (Perf.)** Name of Prod. Form. **Mesa Verde**

PRODUCING INTERVAL -

Perforations **5704-5734; 5750-5780**

Open Hole _____ Depth _____ Depth _____
Casing Shoe _____ Tubing _____

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 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	Sax
13 3/8"	219	250
9 5/8"	3613'	1500
5 1/2"	8101'	1350
2"	10122' MINIMUM 8006'	

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

Test After Acid or Fracture Treatment: **4925** MCF/Day; Hours flowed **3**

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

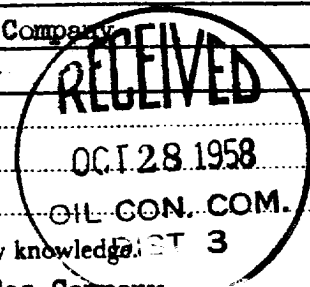
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **73,000 gallons water & 60,000# sand.**

Casing _____ Tubing _____ Date first new
Press. **1061** Press. _____ oil run to tanks

Oil Transporter **El Paso Natural Gas Products Company**

Gas Transporter **El Paso Natural Gas Company**

Remarks: **Baker Model "D" packer set at 6467'**



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

Approved **OCT 28 1958** 19____

El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: **Original Signed Emery C. Arnold**

Title **Supervisor Dist. # 3**

By: **Original Signed D. W. Meehan**
(Signature)

Title **Petroleum Engineer**

Send Communications regarding well to:

Name **E. S. Oberly**

Address **Box 997, Farmington, New Mexico**

OIL CONSERVATION COMMISSION

AZTEC DISTRICT OFFICE

No. Copies Received 5

DISTRIBUTION

	NO. FURNISHED	
Operator	2	
Santa Fe	1	
Proration Office	1	
State Land Office		
U. S. G. Survey		
Transporter		
File	1	✓