

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 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 11-27-57
(Place) (Date)

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

PACIFIC NORTHWEST PIPELINE San Juan 32-8, Well No. 24-19, in NE 1/4 NE 1/4,
(Company or Operator) (Lease)

A, Sec. 19, T. 32N, R. 8W, NMPM., Blanco Mesa Verde Pool
Unit Letter
San Juan

County. San Juan Date Spudded 6-20-57 Date Drilling Completed 7-3-57
Elevation 6433' Total Depth 5930' PBTD 5925'

Please indicate location:

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

800 fml 890 fel

Top Oil/Gas Pay 5368' Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL -

Perforations 5368' - 5816'
Open Hole _____ Depth _____ Depth _____
Casing Shoe _____ Tubing 5817'

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 Choke load oil used): _____ bbls, oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>10-3/4</u>	<u>192</u>	<u>200</u>
<u>7-5/8</u>	<u>3620</u>	<u>200</u>
<u>5-1/2</u>	<u>5930</u>	<u>200</u>
<u>1-1/4</u>	<u>5817</u>	

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

Test After Acid or Fracture Treatment: 1163 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: 1,708 mcf/d CAOP

Acid or Fracture Treatment (Give amounts of materials used, such as acid, sand): 144,900 gallons water

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

Oil Transporter _____

Gas Transporter PACIFIC NORTHWEST PIPELINE CORPORATION

Remarks: _____

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

Approved: NOV 29 1957, 19____ PACIFIC NORTHWEST PIPELINE CORPORATION
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____ (Signature)

By: Original Signed Emery C. Arnold

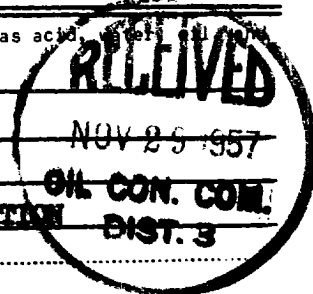
Title: District Proration Engineer

Title: Supervisor Dist. # 3

Send Communications regarding well to:

Name: PACIFIC NORTHWEST PIPELINE CORP.

Address: 405 1/2 West Broadway, Farmington, N. M.



OIL CONSERVATION COMMISSION	
AZTEC DISTRICT OFFICE	
No. Copies Recd	4
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Referred <input type="checkbox"/> Returned <input type="checkbox"/> Transmitted <input type="checkbox"/> Filed <input checked="" type="checkbox"/> Other	
Date	