

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 March 31, 1958
(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. 52, in SW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

M, Sec. 13, T. 32N, R. 9W, NMPM, Blanco Pool
Unit Letter

San Juan

County San Juan Date Spudded 12-1-57 Date Drilling Completed 12-20-57

Please indicate location:

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

790'S, 790'W

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4"	219'	200
7 5/8"	3972'	200
5 1/2"	2400'	200
2"	6206'	---

Elevation 6777 Total Depth 6288 ~~XXXX~~ C.O. 6263'

Top Oil/Gas Pay 5718' (Perf.) Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL -

Perforations 5718-5814; 5932-5944; 6002-6144; 6175-6179; 6206-6228

Open Hole None Depth 6288 Depth Casing Shoe 6288 Depth Tubing 6206

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 load oil used): _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Choke 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: 2317 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): 100,000 gal. water and 55,000# sand.

Casing 1080 Tubing 1080 Date first new Press. 1080 Press. 1080 oil run to tanks

Oil Transporter El Paso Natural Gas Products Company

Gas Transporter El Paso Natural Gas Company

Remarks: This well was originally drilled by Pacific Northwest Pipeline corp. as the San Juan 32-9 Unit #52-13. This well is within the limits of the San Juan 32-9 Unit, therefore El Paso Natural Gas Co. will be the operator with name changed to the El Paso Natural Gas Co. San Juan 32-9 Unit #52.

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

Approved: APR 2, 1958, 19

El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Supervisor Dist # 3

Title _____

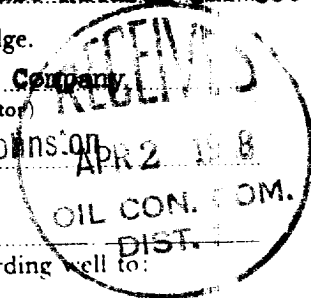
By: Original Signed D. C. Johnson
(Signature)

Title Petroleum Engineer

Send Communications regarding well to:

Name E. S. Oberly

Address Box 997, Farmington, New Mexico



OIL CONSERVATION COMMISSION		
ATTEC DISTRICT OFFICE		
No. Copies Received <u>5</u>		
INVESTIGATION		
1. Name of Person	2. Address	3. City
4. State	5. Zip	6. Date
7. Name of Firm	8. Address	9. City
10. State	11. Zip	12. Date
13. Name of Firm	14. Address	15. City
16. State	17. Zip	18. Date
19. Name of Firm	20. Address	21. City
22. State	23. Zip	24. Date
25. Name of Firm	26. Address	27. City
28. State	29. Zip	30. Date
31. Name of Firm	32. Address	33. City
34. State	35. Zip	36. Date
37. Name of Firm	38. Address	39. City
40. State	41. Zip	42. Date
43. Name of Firm	44. Address	45. City
46. State	47. Zip	48. Date
49. Name of Firm	50. Address	51. City
52. State	53. Zip	54. Date
55. Name of Firm	56. Address	57. City
58. State	59. Zip	60. Date
61. Name of Firm	62. Address	63. City
64. State	65. Zip	66. Date
67. Name of Firm	68. Address	69. City
70. State	71. Zip	72. Date
73. Name of Firm	74. Address	75. City
76. State	77. Zip	78. Date
79. Name of Firm	80. Address	81. City
82. State	83. Zip	84. Date
85. Name of Firm	86. Address	87. City
88. State	89. Zip	90. Date
91. Name of Firm	92. Address	93. City
94. State	95. Zip	96. Date
97. Name of Firm	98. Address	99. City
100. State	101. Zip	102. Date