

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
(Place)

August 12, 1960
(Date)

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

El Paso Natural Gas Company San Juan 32-9 Unit, Well No. 77, in NE $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)
A 18 32 N 9 W, NMPM., Blanco Mesa Verde Pool
Unit Letter Sec. T. R.

San Juan

County. Date Spudded 6-23-60 Date Drilling Completed 7-3-60

Please indicate location:

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

1227 N, 1090 E

Elevation 6807 Total Depth 6120 ~~C.O.~~ 6098

Top Oil/Gas Pay 5884' (Perf) Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL - 5884-5895; 5900-5910

Perforations 5938-5944; 5966-5974; 5984-5996; 6001-6008

Open Hole None Depth 6113 Depth 5976
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 _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4"	284	186
7 5/8"	3938	166
5 1/2"	2288	225
2"	5976	

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

Test After Acid or Fracture Treatment: 5350 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): 56,000 gal water & 53,000 # sand.

Casing 1071 Tubing 1072 Date first new oil run to tanks _____
Press. Press.

Oil Transporter El Paso Natural Gas Products Company

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 17 1960, 19____

El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

By: ORIGINAL SIGNED J.J. TILLERSON
(Signature)

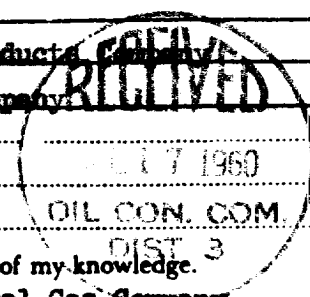
Title Supervisor Dist. # 3

Title Petroleum Engineer

Send Communications regarding well to:

Name E. S. Oberly

Address Box 990, Farmington, New Mexico



STATE OF NEW MEXICO	
OIL CONSERVATION COMMISSION	
AZT. C. DISTRICT OFFICE	
NUMBER OF COPIES RECEIVED <u>5</u>	
BY <u>STATION</u>	
SANTA FE	<u>1</u>
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C. D. OFF.	<u>1</u>
TRANSPORTER	<u>1</u>
PRODUCTION OFFICE	<u>1</u>
OPERATOR	<u>1</u>