

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.....July 24, 1958.....
(Place) (Date)

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

El Paso Natural Gas Co......San Juan 32-9 Unit....., Well No. 66....., in SW.....1/4.....SW.....1/4.....
(Company or Operator) (Lease)

M....., Sec. 10....., T. 32N....., R. 9W....., NMPM., Blanco..... Pool
Unit Letter

San Juan..... County. Date Spudded 5-27-58..... Date Drilling Completed 6-14-58.....

Please indicate location:

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

1142'S, 870'W

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4"	162'	200
7 5/8"	4094'	200
5 1/2"	2425'	300
2"	6424'	---

Elevation 7052..... Total Depth 6485..... ~~6580~~ C.O. 6453

Top Oil/Gas Pay 5930' (Perf.)..... Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL -

Perforations 5930-5946; 5954-5966; 6268-6292; 6304-6322; 6330-6360; 6374-6398

Open Hole None..... Depth 6485..... Depth 6424.....
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 _____

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

Test After Acid or Fracture Treatment: 1811 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): 42,457 gal. water & 57,500# sand & 34,733 gal. water & 35,000# sd

Casing 996 Tubing 997 Date first new
Press. oil run to tanks

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 JUL 28 1958, 19____

El Paso Natural Gas Company

(Company or Operator)

Original Signed D. C. Johnston

By: _____ (Signature)

By: Original Signed Emery C. Arnold

Title: Petroleum Engineer

Send Communications regarding well to:

Title Supervisor Dist. # 3

Name E. S. Oberly

Address Box 997, Farmington, New Mexico

OIL CONSERVATION COMMISSION

AZTEC DISTRICT OFFICE

No. Copies Received 5

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State Fe	<u>1</u>	
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File	<u>1</u>	<input checked="" type="checkbox"/>