

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

November 30, 1960

(Place)

(Date)

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

El Paso Natural Gas Co. **Allison Unit**, Well No. **24**, in **SW** **SW** **1/4** **1/4**,
(Company or Operator)

M **7** **32N** **6W** **Blanco Mesa Verde**
Unit Letter Sec. T. R. NMPM. Pool

San Juan **County** **8-14-60** **Date Drilling Completed** **9-6-60**
8-14-60 **6516'** **8177'** **7870'**
Date Spudded Elevation Total Depth PBTD

Please indicate location:

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

Top Oil/Gas Pay **5648' (Perf.)** **Name of Prod. Form.** **Mesa Verde**

PRODUCING INTERVAL - **5648-5658; 5710-5718; 5724-5736; 5762-5768;**
5772-5780

Perforations **None** **Depth** **7890** **Depth** **5797**
Open Hole **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
13 3/8"	312	310
9 5/8"	3535	213
7"	6430	1225
5"	408	87
5 1/2"	254	50
2"	5797	---

Method of Testing (pitot, back pressure, etc.): **4282** **3**

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

Choke Size **3/4" 1** **Method of Testing:** **Calculated A.O.F.**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **63,500 gal. water & 60,000# sand.**

Casing **1162** **Tubing** **1149** **Date first new** _____
Press. _____ **oil run to tanks** _____

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

Gas Transporter: **El Paso Natural Gas Company**

Remarks: _____

RECEIVED
DEC 2 1960

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

El Paso Natural Gas Company

Approved **DEC. 2, 1960** _____, 19____

(Company or Operator)

OIL CONSERVATION COMMISSION

Original Signed By

By: **A. R. KENDRICK**

By: **ORIGINAL SIGNED H.E. McANALLY**

(Signature)

Petroleum Engineer

Title: _____

Send Communications regarding well to:

E. S. Oberly

Name: _____

Box 990, Farmington, New Mexico

Address: _____

Title: **PETROLEUM ENGINEER DIST. NO. 3**

STATE OF NEW MEXICO	
OIL CONSERVATION COMMISSION	
AZTEC DISTRICT OFFICE	
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