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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

June 21, 1961

(Place)

(Date)

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

El Paso Natural Gas Company **San Juan 29-6 Unit**, Well No. **36**, in **SE** $\frac{1}{4}$ **NE** $\frac{1}{4}$,

(Company or Operator)

(Lease)

H, Sec. **15**, T. **29-N**, R. **6-W**, NMPM., **Blanco Mesa Verde** Pool

Unit Letter

Rio Arriba

County. Date Spudded **3-2-61**

Date Drilling Completed **3-13-61**

Elevation **6758** Total Depth **6030** **FBTD** **C.O.** **5970**

Please indicate location:

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

1650 N, 990 E

(FOOTAGE)

Tubing, Casing and Cementing Record

Size Feet S&W

9 5/8"	283	270
7"	3915	106
2 7/8"	6018	140

Top Oil/Gas Pay **5502' (Perf)** Name of Prod. Form. **Mesa Verde**

PRODUCING INTERVAL - **5502-5512; 5516-5520; 5526-5530;**

Perforations **5890-5894; 5900-5904; 5908-5912; 5938-5956**

Open Hole **None** Depth **6028** Depth 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: **2496** MCF/Day; Hours flowed **3**

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

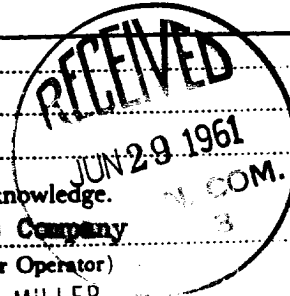
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **118,572 gal water**

Casing **1093** Tubing _____ 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 **JUN 29 1961**, 19_____

El Paso Natural Gas Company

(Company or Operator)

By: _____ Original Signed **R. G. MILLER**
(Signature)

OIL CONSERVATION COMMISSION

By: **Original Signed Emery C. Arnold**

Title **Petroleum Engineer**

Send Communications regarding well to:

Name **E. S. Oberly**

Address **Box 990, Farmington, New Mexico**

Title **Supervisor Dist. # 3**

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