

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
~~XXXXXXXXXX~~

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 **April 18, 1958**
(Place) (Date)

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

El Paso Natural Gas Company **Bolack** Well No. **1-F** in **NB** $\frac{1}{4}$ **SW** $\frac{1}{4}$,
(Company or Operator) (Lease)
K Sec. **1** T. **30N** R. **12W** NMPM. **Wildcat** Pool
Unit Letter
San Juan County. Date Spudded **2-15-58** Date Drilling Completed **2-20-58**

Please indicate location:

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

1650'S, 1728'W

Elevation **5730'** Total Depth **2224'** PBD **1942'**
Top Oil/Gas Pay **1822' (Perf.)** Name of Prod. Form. **Fruitland**

PRODUCING INTERVAL -

Perforations **1822-1844**
Open Hole **None** Depth Casing Shoe **2220'** Depth Tubing **1851'**

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. 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. Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	121'	100
5 1/2"	2210'	150
1 1/4"	1851'	---

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

Test After Acid or Fracture Treatment: **4922** MCF/Day; Hours flowed **3**
Choke Size **3/4"** Method of Testing: **Calculated A.O.F.**

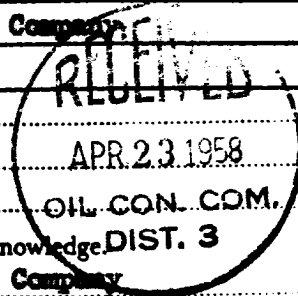
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **35,700 gal. water and 34,500# sand.**

Casing Press. **628** Tubing Press. **628** Date first new 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 **April 18** **APR 23 1958**, 19**58**

El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: **Original Signed Emery C. Arnold**
Supervisor Dist. # **3**

By: **Original Signed D. C. Johnston**
(Signature)
Title **Petroleum Engineer**
Send Communications regarding well to:
E. S. Oberly
Name
Address **Box 997, Farmington, New Mexico**

OIL CONSERVATION COMMISSION		
ACTING DIRECTOR	OFFICE	
No. of Copies	8	
DATE	2	
TIME	1	
Transporter	1	✓
File		