

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico August 10, 1953

(Place)

(Date)

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

El Paso Natural Gas Company San Juan 34-9 Unit, Well No. 2, in 1/4 Sec. 15, T. 31 N., R. 9 W., NMPM., Blanco Pool
(Company or Operator) (Lease)
San Juan County. Date Spudded 5-31-53, Date Completed 7-3-53

Please indicate location:

1050' 1700'

Casing and Cementing Record

Size Feet Sax

5 1/2"	100	105
7"	5120	300

Elevation 5024' Total Depth 5024' P.B.

Top oil/gas pay 5120 Prod. Form esaverde

Casing Perforations: 5020 or

Depth to Casing shoe of Prod. String 5134

Natural Prod. Test BOPD

based on Hrs. 53 Mins.

Test after acid or shot BOPD

Based on Hrs. Mins.

Gas Well Potential 6,332 scf/l

Size choke in inches

Date first oil run to tanks or gas to Transmission system: waiting on pipeline

Transporter taking Oil or Gas: 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 8-12-1953

El Paso Natural Gas Company

(Company or Operator)

OIL CONSERVATION COMMISSION

Original signed by

By: J. H. Handsman

Oil and Gas Inspector Dist. 11

Title

By: [Signature] (Signature)

Title Petroleum Engineer

Send Communications regarding well to:

Name R. J. Coel

Address Box 997, Farmington, New Mexico

OIL CONSERVATION COMMISSION

AZTEC DISTRICT OFFICE

No. Copies Received

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Operator		
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