

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

Form C-104
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

~~Recompletion~~
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 QUADRUPPLICATE 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

4/6/60

(Place)

(Date)

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

El Paso Natural Gas Company

San Juan 32-8

Well No 19-3

in SW 1/4

SW 1/4

Company or Operator

M

Sec 3

T

3/

Lease

8

NMEM

Blanco Mesaverde

Pool

Recompleted

San Juan

County Date Spudded

Date Drilling 3/20/60

4/6/60

Elevation 6690

Total Depth 6100

Please indicate location

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

Top Oil/Gas Pay 5584

Name of Prod. Form. Mesaverde

PRODUCING INTERVAL -

Perforations

Open Hole

Casing Depth 6100

6041

OIL WELL TEST -

Natural Prod. Test: _____ bbls./hr. _____ hrs. water in _____ hrs. _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of well equal to volume of choke load oil used): _____ bbls./hr. _____ hrs. water in _____ hrs. _____ min. Size _____

ACID TEST -

Natural Prod. Test: _____ MCF/day; hours flowed _____ choke size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
10-3/4	196	230
7-5/8	3900	150
5-1/2	6100	150
1-1/4	6041	

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

Test After Acid or Fracture Treatment: _____ MCF/day; hours flowed _____

choke size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, water, acid, water, etc., in

gallons): _____

Casing _____ Tubing _____ Date first new

Press. _____ Press. _____ oil run to tanks _____

Transporter _____

Company _____ El Paso Natural Gas

Remarks: An intermitter was installed to facilitate the removal of liquids from the well here. Turned back on production 4/7/60.

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

Approved JUN 21 1960

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El Paso Natural Gas

Company or Operator

Rv. C. E. Powell
/G. E. Powell

Signature

Title Production Engineer

Send Communications regarding well to

Name

Address

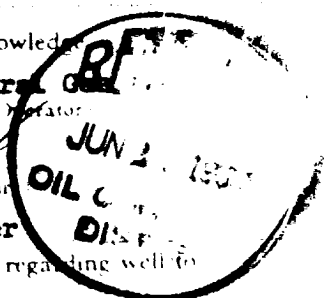
OIL CONSERVATION COMMISSION

Original Signed Emery C. Arnold

By: _____

Title Supervisor Dist. # 3

Title _____



STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
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