

Initial
and
Annual

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

Form C-104
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

~~XXXXXXXX~~
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.

70-251

Farmington, New Mexico

6/28/60

(Place)

(Date)

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

El Paso Natural Gas Co.

Brookhaven State

Well No

2

in

NW

1/4

NE

1/4

Company or Operator:

(Lease)

B

Sec. 16

T. 31

R. 10

NMPM.

Blanco Mesaverde

Pool

Unit Letter

Re-completed

6/28/60

San Juan

County. Date Spudded.

Date Drilling ~~XXXXXXXX~~

Elevation 6165

Total Depth 5340

Please indicate location:

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

Top Oil/Gas Pay 4646

Name of Prod. Form Mesaverde

PRODUCING INTERVAL -

Perforations

Open Hole

Depth Casing Shoe 4587

Depth 5231

OIL WELL TEST -

Natural Prod. Test: _____ bbls./hr. _____ hrs. _____ min. _____ sec.

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of

fluid used): _____ bbls./hr. _____ hrs. _____ min. _____ sec.

GAS WELL TEST -

Natural Prod. Test: _____ MCF/day; Hours to flow _____ (Shut-in)

Tubing, Casing and Cementing Record

Size	Feet	Size
9-5/8	172	125
7	4587	300
2	5231	

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

Test After Acid or Fracture Treatment: _____ MCF/day; Hours to flow _____

Shut-in Size _____ Method of Testing: _____

Acid or Fracture Treatment (give amounts of materials used, such as acid, water, oil, and

sand): _____

Casing _____ Tubing _____ Date first new

Press. _____ Press. _____ oil run to tanks

Oil Transporter _____

Gas Transporter: El Paso Natural Gas Co.

Remarks: Perforated tbg. at following depths 4712, 4746 and 4806. Turned back on production 6/28/60.

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

Approved AUG 12 1960 _____, 19____

El Paso Natural Gas

Company or Operator

By:

C. E. Powell

(Signature)

Title Production Engineer

Send Communications regarding well to:

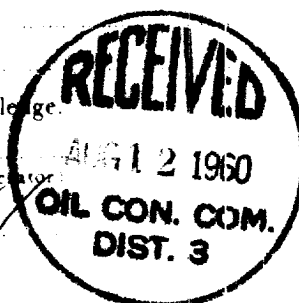
Name _____

Address _____

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3



STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
ALBUQUERQUE DISTRICT OFFICE		
NUMBER OF COPIES RECEIVED		22
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