

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 July 1, 1959
(Place) (Date)

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

El Paso Natural Gas Company San Juan 32-9 Unt Well No. 68 in SW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)
M Sec. 24 T. 32N R. 10W NMPM., Blanco Pool
Unit Letter
San Juan

Please indicate location:

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

990'S, 990'W

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4"	162'	78
7 5/8"	3879'	138
5 1/2"	2347'	415
2"	6047'	---

County. Spurred 3-23-59 Date Drilling Completed 4-15-59
Elevation 6792 Total Depth 6154' ~~XXXX~~ C.O. 6070
Top Oil/Gas Pay 5558' (Perf.) Name of Prod. Form. Mesa Verde
PRODUCING INTERVAL - 5558-5566; 5570-5576; 5714-5728; 5774-5788; 5814-5824;
5906-5916; 5928-5938; 5950-5962; 5966-5972; 5978-5992;
Perforations 6012-6018; 6028-40
Open Hole None Depth 6151' Depth 6047
Casing Shoe 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 _____

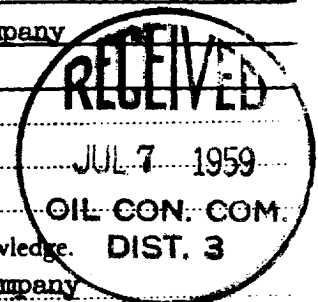
GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____
Method of Testing (pitot, back pressure, etc.): _____
Test After Acid or Fracture Treatment: 6919 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): 37,600 gal. water & 42,000# sand; 38,800 gal. water & 40,000# Sd.
Casing 1034 Tubing 1032 Date first new
Press. _____ 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 JUL 7 1959 El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

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

By: _____
(Signature)
Title Petroleum Engineer
Send Communications regarding well to:
Name E. S. Oberly
Address Box 997, Farmington, New Mexico

OIL CONSERVATION COMMISSION

AZTEC DISTRICT OFFICE

No. Copies Received: 5

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Santa Fe	<u>1</u>	
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File	<u>1</u>	<input checked="" type="checkbox"/>