

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 January 28, 1958

(Place)

(Date)

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

El Paso Natural Gas Products Company Brookhaven, Well No. 4-A, in NE SE 1/4 1/4,

(Company or Operator)

I 29

Sec.

T 25-N

R 11-W

NMPM

Bisti-Extension

Pool

Unit Letter

San Juan

County. Date Spudded 7-13-57

Date Drilling Completed 7-27-57

Please indicate location:

Elevation 6668 Total Depth 5345 ~~XXXX~~ C.O. 5288

Top Oil/Gas Pay 5230 Name of Prod. Form. Gallup

PRODUCING INTERVAL -

Perforations 5230 - 5244'; 5254 - 5270'

Open Hole None Depth 5344' Depth 5254'
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 load oil used): 25 bbls. oil, _____ bbls water in 24 hrs, _____ min. Size _____ Choke

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: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 40,814 Gals. Oil and 40,000 # sand. 200 Gals. Mud Acid.

Casing Packer Tubing _____ Date first new 1-24-58
Press. _____ oil run to tanks

Oil Transporter El Paso Natural Gas Products Company

Gas Transporter None

Remarks: _____

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

Approved JAN 30 1958, 19____

El Paso Natural Gas Products Company

(Company or Operator)

By: _____

(Signature)

Title _____

Petroleum Engineer

Send Communications regarding well to:

Name _____

Ewell N. Walsh

Address _____

Box 1565, Farmington, New Mexico

OIL CONSERVATION COMMISSION

Original Signed Emery C. Arnold

By: _____

Title Supervisor Dist. #3

RECEIVED

JAN 30 1958

OIL CON. COM

OIL CONSERVATION COMMISSION

AZTEC DISTRICT OFFICE

No. Copies Received 5

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