

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

September 9, 1960

(Place)

(Date)

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

El Paso Natural Gas Company San Juan 27-5 Unit, Well No. 56 (PM), in NW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

L, Sec. 34, T. 27N, R. 5W, NMPM, Blanco Mesa Verde Pool
Unit Letter

Rio Arriba

County. Date Spudded 6-29-60 Date Drilling Completed 7-9-60
Elevation 6529 Total Depth 5627 ~~5627~~ C.O. 5571'

Please indicate location:

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

Top Oil/Gas Pay 4874' (Perf.) Name of Prod. Form. Mesa Verde
PRODUCING INTERVAL - 4874-4878; 4886-4890; 4962-4968; 4996-5004; 5266-
5274; 5426-5436; 5482-5490; 5496-5500; 5504-5510;
Perforations 5524-5530; 5536-5540; 5544-5550

Open Hole None Depth 5624 Casing Shoe 5624 Depth 5527 Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

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 _____

Tubing, Casing and Cementing Record

Size	Feet	Size
10 3/4"	121'	150
7 5/8"	3419	115
5 1/2"	2275	285
2"	5527	--
1 1/4"	3292	--

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

Test After Acid or Fracture Treatment: 2687 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: Calculated A.O.F.

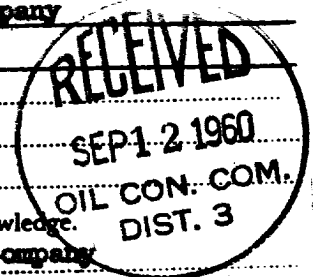
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 36,750 gal. water & 50,000# sand; 25,200 gal. water & 25,000# sd.

Casing _____ Tubing _____ Date first new _____
Press. 965 oil run to tanks

Oil Transporter El Paso Natural Gas Products Company

Gas Transporter El Paso Natural Gas Company

Remarks: Baker "BJ" Packer at 3400'.



I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved SEP 12 1960, 19____

El Paso Natural Gas Company

(Company or Operator)

Original Signed By: D.H. Oheim

By: _____ (Signature)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

Title Petroleum Engineer

Send Communications regarding well to:

Name E. S. Oberly

Address Box 990, Farmington, New Mexico