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LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

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 10-4-61
(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. 68, in NE 1/4 NE 1/4,
(Company or Operator) (Lease)
A, Sec. 33, T. 27N, R. 5W, NMPM, So. Blanco Pictured Cliffs Pool
Unit Letter
Rio Arriba

Please indicate location:

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

890'N, 990'E

(FOOTAGE)

Tubing, Casing and Cementing Record

Size Feet Sax

10 3/4	126	120
7"	3434	130
4 1/2"	2272	250
2 1/16	5490	
1 1/4	3295	

County Date Spudded 8-10-61 Date Drilling Completed 8-17-61
Elevation 6513 Total Depth 5599 ~~5560~~ C.O.T.D. 5560'

Top Oil/Gas Pay 3258 (Perf.) Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3258-3270; 3292-3298; 3308-3314

Open Hole None Depth Casing Shoe 3445 Depth Tubing 3306'

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 load oil used): _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Choke 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: 1078 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): 29,500 gal. water & 30,000# sand

Casing Press. 1004 Tubing Press. 1004 Date first new oil run to tanks _____

Oil Transporter El Paso Natural Gas Products Company

Gas Transporter El Paso Natural Gas Company

Remarks: Baker Model "R" Packer at 3476'

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

Approved OCT 13 1961, 19 _____ El Paso Natural Gas Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold Title Petroleum Engineer

Title Supervisor Dist. # 3 Name E. S. Oberly

Address Box 990, Farmington, New Mexico

