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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

~~XXXXXXXX~~
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 QUADRUPPLICATE 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

November 7, 1961

(Place)

(Date)

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

El Paso Natural Gas Company San Juan 27-5 Unit 52 (PM), Well No. _____, in _____ SW _____ SW _____, in _____ 1/4 _____ 1/4,

(Company or Operator)

M _____, Sec. _____, T. 27-N, R. 5-W, NMPM., Blanco Mesa Verde Pool

Unit Letter
Rio Arriba

County. Date Spudded 8-8-60 Date Drilling Completed 8-19-60

Elevation 6619 Total Depth 5837 FBTD 5760

Top Oil/Gas Pay 6619(Perf) Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL - 5220-26; 5248-58; 5264-72; 5616-26; 5632-38; 5646-52;
5656-62; 5666-72; 5678-84; 5690-96; 5704-10; 5716-22;

Perforations

Open Hole None Depth Casing Shoe 5834 Depth Tubing 5715

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: 7949 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): 65,100 gal water, 60,000# sand; 32,800 gal water, 30,000# sand

Casing Press. _____ Tubing Press. 1111 Date first new oil run to tanks

Oil Transporter El Paso Natural Gas Products Company

Gas Transporter El Paso Natural Gas Company

Please indicate location:

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

800 S, 800 W

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4"	121	135
7 5/8"	3647	160
5 1/2"	2273	215
2 3/8"	5715	
1 1/4"	3495	

Remarks: See Back

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

Approved NOV 13 1961 _____, 19____

El Paso Natural Gas Company

(Company or Operator)

Original Signed D. W. Meehan

By: _____ (Signature)

Title Petroleum Engineer

Send Communications regarding well to:

Name E. S. Oberly

Address Box 990, Farmington, New Mexico

OIL CONSERVATION COMMISSION

Original Signed By

By: A. R. KENDRICK

Title PETROLEUM ENGINEER DIST. NO. 3

RECEIVED

NOV 13 1961

OIL CON. COM.

DIST. 3

WORKOVER

1. Set 2" & 1 1/4" tubing checker @ 5643 and 3454', respectively.	NO OTHER TRANSPORTER	GAS	PROMOTION OFFICE	OPERATOR
2. Move rig in. Remove tubinghead and set blow out preventer.				
3. Pull 1 1/4" tubing				
4. Pull 2" tubing				
5. Set Baker Model "B" production packer @ 3557'.				
6. Run 2" tubing with 3 seal units.				
7. Run 1 1/4" tubing and install tubinghead. Kick well off.				
8. Clean location and release rig.				