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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well

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 **December 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** **63 (PM)** in **SE** **SW** **1/4** **1/4**,
(Company or Operator) (Lease)

N **8** **27-N** **5-W** **NMPM.** **Blanco Mesa Verde** **Pool**
Unit Letter Sec. T R

Rio Arriba

County. **Date Spudded** **10-28-61** **Date Drilling Completed** **11-7-61**
Elevation **6589 G** **Total Depth** **5750** **230** **5706**

Please indicate location:

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

850'S, 1840'W

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
9 5/8"	154	120
7"	3567	140
4 1/2"	2270	215
2 3/8"	5681	
1 1/4"	3397	

Top Oil/Gas Pay **5054 Perf** **Name of Prod. Form.** **Mesa Verde**

PRODUCING INTERVAL - **5054-62; 5148-56; 5076-80; 5200-04;**
5574-82; 5602-10; 5620-28; 5664-74;

Perforations
Open Hole **None** **Depth** **5750** **Depth** **5681**
Casing Shoe **Tubing**

OIL WELL TEST -

Natural Prod. Test: _____ **bbls. oil,** _____ **bbls. water in** _____ **hrs,** _____ **min.** **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.** **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: **3478** **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): **57,100 gal water, 60,000 lb sand, 40,700 gal water, 40,000 lb sand**

Casing **947** **Tubing** **1078** **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 **DEC 13 1961** **19** **El Paso Natural Gas Company**
(Company or Operator)

OIL CONSERVATION COMMISSION

Original Signed By

By: **A. R. KENDRICK**

PETROLEUM ENGINEER DIST. NO. 3

Title _____

By: **ORIGINAL SIGNED E. S. OBERLY**
(Signature)

Petroleum Engineer

Title _____

Send Communications regarding well to:

E. S. Oberly

Name _____

Address **Box 990, Farmington, New Mexico**