

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

Form C-104
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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 7:01 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.

71151

Farmington, New Mexico

8/7/60

(Place)

(Date)

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

El Paso Natural Gas Company **San Juan 28-6** Well No **33** in **SE** $\frac{1}{4}$ **SW** $\frac{1}{4}$

(Company or Operator)

(Tract)

N

Sec **33**

T. **28**

R. **6**

NMPM

Blanco Mesa Verde

Pool

(Unit Letter)

Rio Arriba

County Date Spudded

RE: Completed

~~Date of completion or recompletion~~

8/7/60

Please indicate location

Elevation **6663 (G)**

Initial Depth **5760**

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

Top Oil/Gas Pay _____ Date of Production _____

PRODUCING INTERVAL -

Perforations _____

Open Hole _____ Cased Hole **5010** Depth **5707**

NATURAL TEST -

Natural Prod. Tests _____ hrs. _____ days _____ hrs. _____ days _____

Test After Acid or Fracture Treatment (after recovery of same volume of oil equivalent to volume of load oil used): _____ bbls. oil, _____ bbls. water, _____ hrs. _____ days _____

GAS WELL TEST -

Natural Prod. Tests _____ MCF/day; hours flowed _____ choke size _____

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

Test After Acid or Fracture Treatment _____ MCF/day; hours flowed _____

Choke size _____ Method of Testing _____

Acid or Fracture Treatment (quantities of materials used, acid, water, etc.): _____

Sample _____

Analysis _____

Pressure _____

Oil Transfer _____

El Paso Natural Gas Company

Remarks: **An intermitter was installed, turned back on Production** **8/7/60**

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

Approved **SEP 29 1960**

19____

OIL CONSERVATION COMMISSION

By _____

(Company or Operator)

(Signature)

Title _____

Send Communications regarding well to _____

Name _____

Address _____

By: **(Original Signed Emery C. Arnold)**

Title **Supervisor Dist. #3**



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OIL CONSERVATION COMMISSION
ALBUQUERQUE DISTRICT OFFICE
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SANTA FE

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OPERATIONS

OPERATOR

OIL
GAS