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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 / Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed 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 the calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when the oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico (Place) December 12, 1960 (Date)

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

El Paso Natural Gas Company (Company or Operator) Blanco Development 27-9 (Lease) Well No. 4-12 SW ¼ SW ¼,

M (Unit Letter), Sec. 12, T. 27-N, R. 9-W, NMPM, Blanco Mesa Verde Ext. Pool

San Juan County. Date Spudded 10-5-60 Date Drilling Completed 10-17-60

Elevation 5991' Total Depth 4552' P.B.T.D. 4517

Top Oil/Gas Pay 4332" (Perf) Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL -

Perforations 4332-4354;4372-4380;4388-4396;4406-4416;4442-4452

Open Hole None Depth Casing Shoe 4552 Depth Tubing 4493

OIL WELL TEST -

Natural Prod. Test: ____ bbls.Oil, ____ bbls water ____ hrs, ____ Choke Size ____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): ____ bbls, ____ hrs, ____ 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: 6723 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): 78,530 gal water & 60,000 # sand

Casing Press. 1098 Tubing Press. 1091 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 X	N	O	P

1090 S, 990 W (FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
9 5/8"	161	120
7"	4269	346
5 1/2"	329	147
2"	4493	

Remarks: ____

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

Approved DEC 1 1960, 19...

El Paso Natural Gas Company (Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

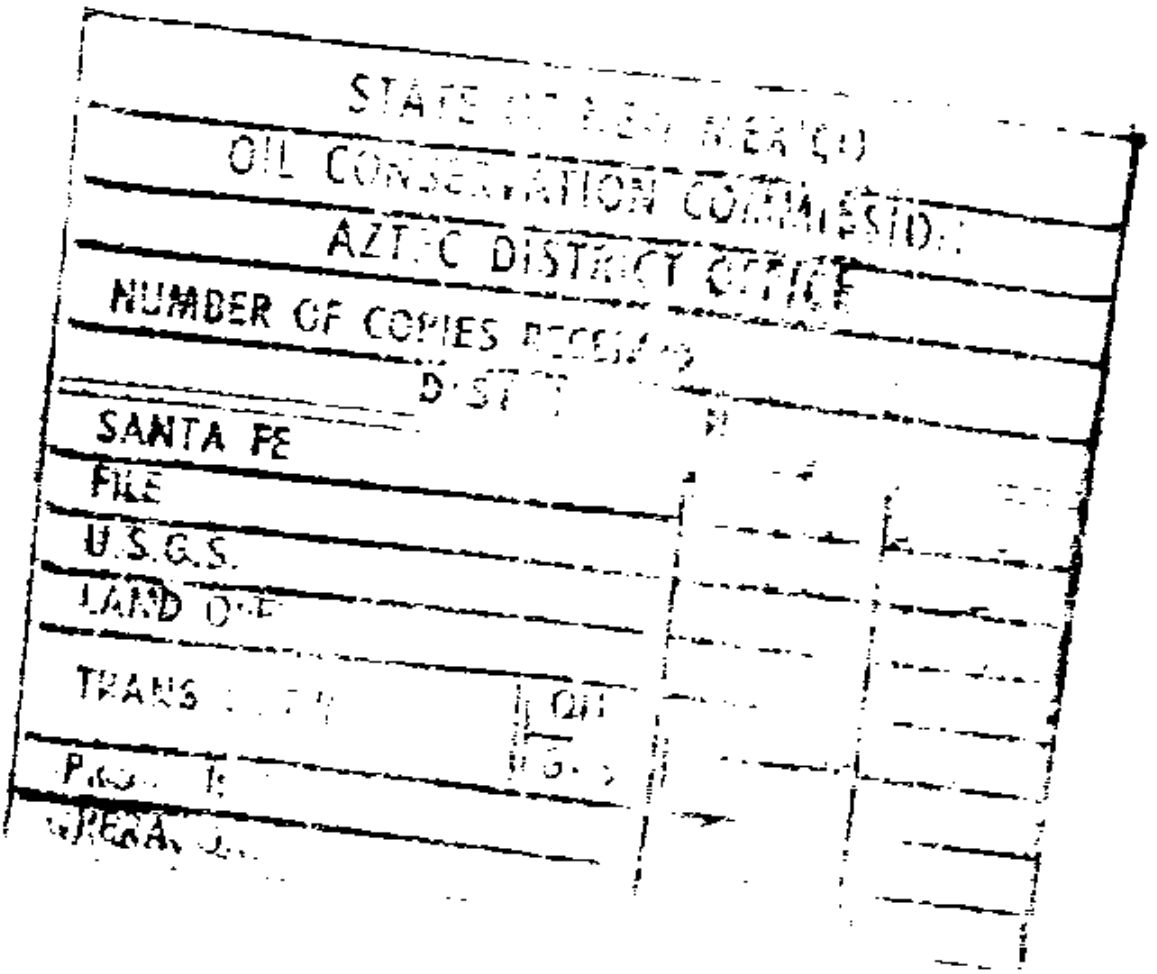
By: ____ (Signature)

Title Petroleum Engineer

Send Communications regarding well to:

Name E. S. Oberly

Address Box 990, Farmington, New Mexico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