

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

Form C-104
1-1951 7/1960

REQUEST FOR (OIL) - (GAS) ALLOWABLE

~~Recompletion~~
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
Place

2/9/60
(Date)

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

El Paso Natural Gas Company **Alice Bolack** Well No. **5** in **NE** $\frac{1}{4}$ **SW** $\frac{1}{4}$

Company or Operator:

(Lease)

K

Sec. **9**

T **27**

R **11**

NMPM

West Kutz Pictured Cliffs

Pool

Unit Letter

San Juan

Date Drilling ~~2/4/60~~

2/4/60

Please indicate location:

County Date Spudded

Elevation **6198**

Total Depth **2036**

2026 KB

Top Oil/Gas Pay **1948**

Name of Prod. Form **Pictured Cliffs**

PRODUCING INTERVAL -

Perforations

Open Hole **1946 - 2026**

Depth Casing Shoe **1946**

Depth **1975**

OIL WELL TEST -

Natural Prod. Test: _____ bbls./oil, _____ hrs. water in _____ hrs. min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of _____ equal to volume of

load oil used): _____ bbls./oil, _____ hrs. 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: _____ MCF/day; hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and

sand): _____

Casing _____ Tubing _____ Date first new

Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter **El Paso Natural Gas**

Remarks: **Tubing was pulled, wellbore cleaned and four differential valves re-run in the tubing string for more efficient removal of fluids from the wellbore. Returned to production 2/5/60.**

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

Approved _____ **MAR 31 1960**, 19 _____

El Paso Natural Gas
Company or Operator

OIL CONSERVATION COMMISSION

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

Title **Supervisor Dist. # 3**

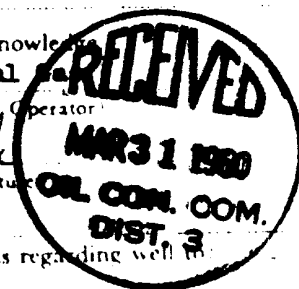
By: **K. C. McBride**
Production Engineer

Title _____

Send Communications regarding well to _____

Name _____

Address _____



COMMISSION

OFFICE

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