

NO. COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
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

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
(Place)

February 14, 1963
(Date)

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

El Paso Natural Gas Company Blanco Gas Unit, Well No. 4(PM), in NE 1/4 SW 1/4,
(Company or Operator) (Lease)

K San Juan, Sec. 36, T. 28-N, R. 8-W, NMPM, South Blanco Pool
Unit Letter

San Juan

County. Date Spudded 8-2-62 Date Drilling Completed 8-12-62

Elevation 6225 G, 6235 D Total Depth 5082 SAID 4980

Please indicate location:

Top Gas Pay 2643 Name of Prod. Form. Pictured Cliffs

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

PRODUCING INTERVAL -

Perforations 2643-49; 2659-65;

Open Hole None Depth Casing Shoe 5088 Depth Tubing 2669

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

2216 S, 1326'W

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	S&W
9 5/8"	138	100
7"	2840	140
5"	2318	165
2 1/16"	5006	
1 1/4"	2659	

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

Test After Acid or Fracture Treatment: 1785 MCF/Day; Hours flowed 3

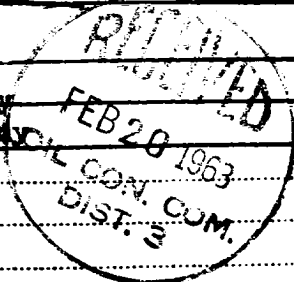
Choke Size 3/4" Method of Testing: Calculated A.O.F.

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 30,000 gal 10/20 sand; 27,000 gal water; 300 gal 15% HCL acid

Casing Press. 1040 Tubing Press. 1040 Date first new oil run to tanks _____

Oil Transporter El Paso Natural Gas 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 FEB 20 1963, 19.....

El Paso Natural Gas Company

(Company or Operator)

ORIGINAL SIGNED E. S. OBERLY

OIL CONSERVATION COMMISSION

Original Signed By

By: A. R. KENDRICK

By: _____ (Signature)

Title PETROLEUM ENGINEER DIST. NO. 3

Title Petroleum Engineer

Send Communications regarding well to:

Name E. S. Oberly

Address Box 990, Farmington, New Mexico