

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

Form C-104
Revised 7/1/57

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.

~~Recompletion~~

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

El Paso Natural Gas Co.
(Company or Operator)

Storey
(Lease)

Well No. **1**

Farmington, New Mexico
(Place)

12-30-60

(Date)

B
Unit Letter

Sec. **27**

T. **28**

R. **8**

NMPM,

Blanco Mesa Verde

Pool

San Juan

Please indicate location:

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

County. Date Spudded

Elevation **6088** **G**

Total Depth **4840**

11-3-60

Top Oil/Gas Pay **4185**

Name of Prod. Form. **Mesa Verde**

PRODUCING INTERVAL -

Perforations

Open Hole

Depth

Casing Shoe **4135**

Depth

Tubing **4821**

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Choke 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. 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: _____ 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 Press. _____ Tubing Press. _____ Date first new oil run to tanks _____

Oil Transporter _____

Gas Transporter _____

El Paso Natural Gas Company

Remarks: **An Intermittent was installed. Turned back on Production 11-8-60.**

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved **JAN 5 1961**, 19____

El Paso Natural Gas Company
(Company or Operator)

By: **B. J. Boyd**

(Signature)

Title **Production Engineer**

Send Communications regarding well to:

Name _____

Address _____

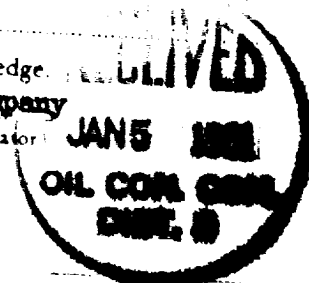
OIL CONSERVATION COMMISSION

Original Signed **Emery C. Arnold**

By: _____

Supervisor Dist. # **3**

Title _____



STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
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