

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 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 September 5, 1958
(Place) (Date)

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

El Paso Natural Gas Company Reid, Well No. 1, in SW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)
M, Sec. 8, T. 28N, R. 9W, NMPM., Blanco M.V. Pool
Unit Letter

San Juan County. Date Spudded 6-16-58 Date Drilling Completed 6-29-58
Please indicate location: Elevation 6008' Total Depth 4772' ~~max~~ C.O. 4725'

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

1030'S, 921'W

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>10 3/4"</u>	<u>161'</u>	<u>150</u>
<u>7 5/8"</u>	<u>2246'</u>	<u>200</u>
<u>5 1/2"</u>	<u>2354'</u>	<u>300</u>
<u>2"</u>	<u>4694'</u>	

Top Oil/Gas Pay 4184' (Barrel) Name of Prod. Form. Mesa Verde
PRODUCING INTERVAL - 4184-4194; 4206-4218; 4262-4267; 4282-4304; 4312-4322; 4362-4376; 4388-4403; 4410-4418; 4428-4439; 4454-4461; 4496-4504; 4524-4550; 4568-4584; 4620-4642; 4654-4684; 4700-4720
Perforations 454-4461; 4496-4504; 4524-4550; 4568-4584; 4620-4642; 4654-4684; 4700-4720
Open Hole None Depth None Casing Shoe 4756' Depth None Tubing 4694'

OIL WELL TEST -
Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____
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 _____

Method of Testing (pitot, back pressure, etc.): _____
Test After Acid or Fracture Treatment: 2180 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): 100,000 gal. water, 100,000# sd; 50,820 gal. water, 60,000# sd.
Casing 1023 Tubing 1024 Date first new
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter El Paso Natural Gas Products 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 September SEP 11 1958, 19 58 El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION
Original Signed Emery C. Arnold
By: _____
Supervisor Dist # 3
Title _____

By: Original Signed F. H. WOOD
(Signature)
Title Petroleum Engineer
Send Communications regarding well to:
Name E. S. Oberly
Address Box 997, Farmington, New Mexico

