

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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 2/9/60
(Place) (Date)

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

El Paso Natural Gas

Reid

Well No. 1 in SW 1/4 SW 1/4

Company or Operator

M

Sec. 8

T. 28

R. 9

NMPM

Blanco Mesa Verde

Pool

San Juan

Re-completed

County Date Spudded

Date Drilling ~~Cancelled~~ 11/23/59

Elevation 6018 DF

Total Depth 4772 c/o 4725

Top Oil/Gas Pay 4184

Name of Prod. Form. Mesa Verde

Please indicate location:

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

PRODUCING INTERVAL -

Perforations 4184-4720

Open Hole Depth 4753 Casing Shoe 4694

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 _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
10-3/4	174	150
7-5/8	2456	200
5-1/2	2399 4753	300
2	4694	

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: Because of a leak in the casing slips the well would not produce against existing line pressure. The leak was repaired and the well returned to production 12/11/59.

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

Approved FEB 11 1960, 19_____

El Paso Natural Gas

Company or Operator

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

By: *K.C. McBride* FEB 11 1960

K.C. McBride (Signature) Production Engineer OIL CON. COM.

Title: Send Communications regarding DIST. 3

Title: Supervisor Dist. # 3

Name: _____

Address: _____