

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 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 January 9, 1960
(Place) (Date)

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

Pacific Northwest Pipeline Corp. San Juan 29-5 Unit Well No. 22-8, in NW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

L Sec 8 T 29N R 5W NMPM, Blanco Mesa Verde Pool
Unit Letter

Rio Arriba

County San Juan Date Spudded 10-23-59 Date Drilling Completed 11-23-59
Elevation 6549 Total Depth 8068 PBD 7567

Please indicate location:

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

Top Oil/Gas Pay 5360' (Perf.) Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL - 5360-5368; 5372-5384; 5446-5450; 5500-5504; 5580-5590;

Perforations 5632-5638; 5676-5704; 5718-5732; 5748-5750; 5758-5764; 5771-

Open Hole None Depth 7688 Depth 5810 5775;
Casing Shoe Tubing 5778-
5782

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 _____

1790'S, 890'W

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8"	314	215
9 5/8"	3696	200
7"	7674	1000
1 1/4"	5810'	---

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

Test After Acid or Fracture Treatment: 7604 MCF/Day; Hours flowed 3

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

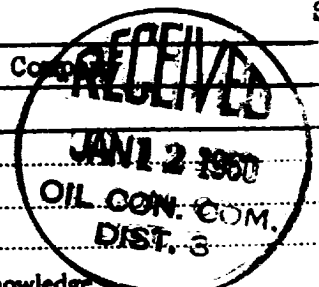
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 63,500 gal. water & 40,000# sand; 30,500 gal. water & 25,000# Sand

Casing 1079 Tubing 1079 Date first new oil run to tanks _____

Press. _____ 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 _____ JAN 12 1960 _____, 19 _____

Pacific Northwest Pipeline Corp.
(Company or Operator)

ORIGINAL SIGNED A.M. SMITH

By: _____ (Signature)

Title Petroleum Engineer

Send Communications regarding well to:

Name E. S. Oberly

Address Box 997, Farmington, New Mexico

OIL CONSERVATION COMMISSION

By: _____

Title PETROLEUM ENGINEER DIST. NO. 3

OIL CONSERVATION COMMISSION		
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