

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 7, 1960
 (Place) (Date)

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

Pacific Northwest Pipeline Corp. San Juan 29-6 Unit Well No. 62-4 , in NE 1/4 NE 1/4 ,
 (Company or Operator) (Lease)

A , Sec. 4 , T. 29N , R. 6W , NMPM., Blanco Mesa Verde Pool
 Unit Letter

Rio Arriba

Please indicate location:

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

1090'N, 1090'E

Tubing, Casing and Cementing Record

Size	Feet	Sax
13 3/8"	309'	442
9 5/8"	3499'	970
7"	7434'	990
5"	472'	110
1 1/4"	5591'	---

County. Date Spudded 7-5-59 Date Drilling Completed 8-11-59
 Elevation 6356' Total Depth 6865' PBD 7125'

Top Oil/Gas Pay 5134' (Perf.) Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL - 5134-5138; 5142-5145; 5148-5158; 5164-5173; 5374-5378;
5438-5443; 5452-5456; 5473-5484; 5496-5503; 5508-5512; 5516-5524;
 Perforations 5527-5532; 5540-5548; 5571-5576; 5579-5581; 5585-5589; 5592-

Open Hole None Depth 5591 Casing Shoe 7474 Tubing 5591 5594;
 5602-
 5606

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: 8938 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): 80,000 gal. water; 60,000 gal. water

Casing 957 Tubing 957 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 11 1960 , 19 _____

Pacific Northwest Pipeline Corporation
 (Company or Operator)

OIL CONSERVATION COMMISSION

By: ORVILLE L. GARDNER B.H. MEANS
 (Signature)

By: _____

Title Petroleum Engineer

Title PETROLEUM ENGINEER DIST. NO. 3

Send Communications regarding well to:

Name E. S. Oberly

Address Box 997, Farmington, New Mexico

