

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 8, 1958
(Place) (Date)

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

El Paso Natural Gas Company San Juan 29-7 Unit, Well No. 55, in SE 1/4, NE 1/4,
(Company or Operator) (Lease)

H, Sec. 36, T. 29N, R. 7W, NMPM., Blanco Pool
Unit Letter

Rio Arriba

Please indicate location:

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

1600N, 860E

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4"	163'	150
7 5/8"	3533'	250
5 1/2"	2239'	300
2"	5641'	---

County. Date Spudded 9-20-57 Date Drilling Completed 11-23-57
Elevation 6522' Total Depth 5732' ~~XXXXXX~~ C.O. 5660'

Top Oil/Gas Pay 5108' (Perf.) Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL - 5108-5128; 5150-5156; 5538-5556;

Perforations 5624-5634; 5640-5646

Open Hole None Depth 5730' Depth 5641
Casing Shoe Tubing

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 _____

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

Test After Acid or Fracture Treatment: 19,629 MCF/Day; Hours flowed 3

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

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 50,600 gal. water & 50,000# sand; & 49,350 gal. water & 50,000# Sand

Casing 1097 Tubing 1090 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 9 1958, 19____

El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed D. C. Johnston
(Signature)

By: Original Signed Emory C. Arnold

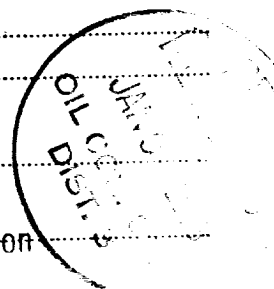
Title: Petroleum Engineer

Title Supervisor Dist. # 3

Send Communications regarding well to:

Name E. S. Oberly

Address Box 997, Farmington, New Mexico



OIL CONSERVATION COMMISSION

AZTEC DISTRICT OFFICE

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