

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 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 October 8, 1957
(Place) (Date)

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

El Paso Natural Gas Company Roelofs, Well No. 1, in NW 1/4 NE 1/4,
(Company or Operator) (Lease)
B, Sec. 22, T. 29, R. 8, NMPM., Blanco Pool
Unit Letter
San Juan

County. Date Spudded 10/25-50 Date Drilling Completed 1-9-51
Elevation 6681 Total Depth 5796 PBTD

Please indicate location:

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

Top Oil/Gas Pay 4970 Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL -

Perforations

Open Hole 5490-5796 Depth Casing Shoe 5490 Depth Tubing 5721

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
13-3/8	174	150
7"	5490	325
2"	5721	

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

Test After Acid or Fracture Treatment: Shot 5800 MCF/Day; Hours flowed 6

Choke Size _____ Method of Testing: Pitot

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 Company

Remarks: The tubing was perforated opposite the Cliff House zone at 5098 and 5096 with one shot per foot and at 5008, 5007, 5006 with one shot per foot because of a bridge in the Menafee zone. The well was returned to production status 10-3-57.

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

Approved _____, 19____

El Paso Natural Gas (Company or Operator)

By: K. C. McBride (Signature)

Title: District Production Engineer
Send Communications regarding well to:

OIL CONSERVATION COMMISSION
Original Signed By
By: A. R. KENDRICK

Title: PETROLEUM ENGINEER DIST. NO 3

Name _____

Address _____



OIL CONSERVATION COMMISSION
 AZTEC DISTRICT OFFICE

No. Copies Received 4

DISTRIBUTION		
	No.	Date
Operator	/	
Secretary	/	
Technical Staff	/	
State Land Office		
U. S. G. S.		
File	/	✓