

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico February 13, 1954

(Place)

(Date)

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

El Paso Natural Gas Company
(Company or Operator)Coode
(Lease)

Well No. 1, in 1/4 SE 1/4,

S 29, T 30N, R 9W, NMPM, Blanco (P.C.) Pool
(Unit)

San Juan County. Date Spudded 4-4-52, Date Completed 4-14-52

Please indicate location:

			X
			2

1160'S, 500'E

Casing and Cementing Record

Size	Feet	Sax
6-5/8	2190	200
5-3/16	4130	300

Elevation 5831'0" Total Depth 4550' P.B. 3131

Top oil/gas pay 2502 Top of Prod. Form P.C.

Casing Perforations: 2502-04-06-08-10, 2523, 2528 or

Depth to Casing shoe of Prod. String 4130'

Natural Prod. Test BOPD

based on bbls. Oil in Hrs Mins.

Test after acid or shot BOPD

Based on bbls. Oil in Hrs Mins.

Gas Well Potential 280 MCF/D

Size choke in inches

Date first oil run to tanks or gas to Transmission system:

Transporter taking Oil or Gas: 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 3-9-1954

El Paso Natural Gas Company

(Company or Operator)
ORIGINAL SIGNED E. J. COEL

By: (Signature)

OIL CONSERVATION COMMISSION

By:

Title Petroleum Engineer

Send Communications regarding well to:

Title

Name E. J. Coel,

Box 997,

Address Farmington, N.M.

OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
No. Copies Received <u>5</u>		
DISTRIBUTION		
	NO. FURNISHED	
Operator	<u>2</u>	
Santa Fe	<u>1</u>	
Protraction Office	<u>1</u>	
State Land Office		
U. S. G. S.		
Transporter		
File	<u>1</u>	<input checked="" type="checkbox"/>