

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 February 14, 1958
(Place) (Date)

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

El Paso Natural Gas Company Sunray , Well No. 1-B , in. SW 1/4 SW 1/4,
(Company or Operator) (Lease)

M , Sec. 15 , T. 30N , R. 10W , NMPM, Blanco Pool
Unit Letter

San Juan

County. San Juan Date Spudded 12-12-57 Date Drilling Completed 12-30-57
Elevation 6344' Total Depth 5390' ~~PERF.~~ C.O. 5320'

Please indicate location:

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

1000 S, 990 W

Top Oil/Gas Pay 4564' (Perf.) Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL -

Perforations 4564-4580; 4610-4640; 5220-5234; 5268-5284; 5296-5304.

Open Hole None Depth 5390' Depth 5296'
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, _____ bbl's water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4"	162'	200
7 5/8"	3178'	250
5 1/2"	2265'	300
2"	5296'	

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

Test After Acid or Fracture Treatment: 10,129 MCF/Day; Hours flowed 3

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

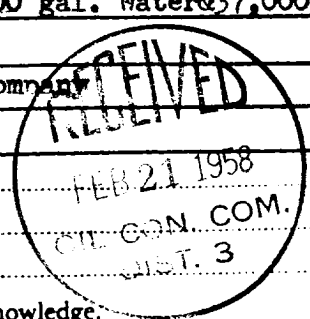
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 50,000 gal. water & 50,000# sd. & 37,000 gal. water & 37,000# sd.

Casing Press. 1039 Tubing Press. 1034 Date first new oil run to tanks _____

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 _____ FEB 21 1958, 19 _____

EL PASO NATURAL GAS CO
(Company or Operator)
Original Signed D. C. Johnston

OIL CONSERVATION COMMISSION

By: _____ Original Signed **Emery C. Arnold**

By: _____ (Signature)

Title: Petroleum Engineer
Send Communications regarding well to:

Title: Supervisor Dist. # 3

Name: E. S. Oberly

Address: Box 997, Farmington, New Mexico

OIL CONSERVATION COMMISSION
AZTEC DISTRICT OFFICE

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