

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

8-21-58

(Place)

(Date)

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

PACIFIC NORTHWEST San Juan 32-8, Well No. 28-16, in SW $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)

G, Sec. 16, T. 31N, R. 8W, NMPM., Blanco Mesa Verde Pool
Unit Letter

San Juan County. Date Spudded 7-13-58 Date Drilling Completed 8-7-58

Please indicate location:

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

1460 TEL 1800 TEL

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>10-3/4</u>	<u>221</u>	<u>200</u>
<u>7-5/8</u>	<u>3697</u>	<u>200</u>
<u>5-1/2</u>	<u>5975</u>	<u>200</u>
<u>1-1/4</u>	<u>5884</u>	

Elevation 5424' Total Depth 5975' PBTD 5941'

Top Oil/Gas Pay 5884 Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL -

Perforations 5424' - 5938'

Open Hole Depth Casing Shoe Depth Tubing

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 _____

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

Test After Acid or Fracture Treatment: 5,238 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: 6,229 MCF/D CAOT

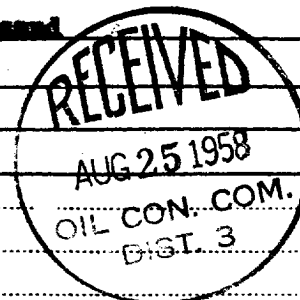
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 120,000 gallons water 50,000# sand

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

Oil Transporter _____

Gas Transporter _____

Remarks: Brown Liner Hanger set at 3590'



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

Approved AUG 25 1958, 19____

PACIFIC NORTHWEST PIPELINE CORPORATION
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____
(Signature)

By: Original Signed Emery C. Arnold

Title: District Production Engineer
Send Communications regarding well to:

Title Supervisor Dist. # 3

Name: PACIFIC NORTHWEST PIPELINE CORP.

Address: 418 1/2 West Broadway, Farmington, N. M.

OIL CONSERVATION COMMISSION		
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