

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 11, 1954
(Place) (Date)

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

El Paso Natural Gas Company Shots Well No. 1, in 3/4 SW 1/4,
(Company or Operator) (Lease)
N, Sec. 28, T. 31N, R. 9W, NMPM., Blanco Pool
(Unit)
San Juan County. Date Spudded 6-23-51, Date Completed 8-3-51

Please indicate location:

	X		

990'S, 1650'W

Casing and Cementing Record
Size Feet Sax

9-5/8"	313	150
6-5/8"	4556	150

Elevation 6150'G Total Depth 5300, P.B.

Top oil/gas pay 4655' Top of Prod. Form Man Verde

Casing Perforations: None or

Depth to Casing shoe of Prod. String 4556

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 4,640 MCF per day

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 3-1 February 11, 1954, 19 54 El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: ORIGINAL SIGNED E. J. COEL
(Signature)

Title Petroleum Engineer
Send Communications regarding well to:

Name E. J. Coel,

Address Box 997, Farmington, N.M.

By:

file
100

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