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	GAS	
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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.

Denver, Colorado

October 11, 1963

(Place)

(Date)

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

E. L. Fundingsland
(Company or Operator)

Surice-Federal
(Lease)

Well No. 17

in NE 1/4 SW 1/4

K

Sec. 22

T. 24 N

R. 2 W

NMPM, Gavilan

Pool

Unit Letter

Rio Arriba

County. Date Spudded. 12/15/62

Date Drilling Completed 12/20/62

Please indicate location:

Elevation 7259

Total Depth 3270

PBTD 3269

Top Oil/Gas Pay 3202

Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3204-34

Open Hole

Depth

Depth

Casing Shoe 3270

Tubing 3186

OIL WELL TEST -

Natural Prod. Test: _____ bbls, oil, _____ bbls water in _____ hrs, _____ min. 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. 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: 1951 MCF/Day; Hours flowed 3 Hrs

Choke Size 3/4 THX Method of Testing: Back pressure

Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 10,000 # sand 36,000 gals water

Casing Press. 572 Tubing Press. _____ Date first new oil run to tanks _____

Oil Transporter _____

Gas Transporter El Paso Natural Gas Co

Remarks:

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

Approved

OCT 14 1963

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E. L. Fundingsland

(Company or Operator)

By

Exploration Manager

Send Communications regarding well to:

Name E. L. Fundingsland

1402 Denver US National Center

Address Denver, Colorado

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

