

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
(Place)

June 22, 1960
(Date)

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

El Paso Natural Gas Company Canyon Largo Unit Well No. 91 in N.E. $\frac{1}{4}$ S.E. $\frac{1}{4}$,
(Company or Operator) (Lease)

I Sec. 17 T. 24 N., R. 6 W. NMPM. Ballard P.C. Ext. Pool
Unit Letter

Rio Arriba

County. Date Spudded 5-3-60 Date Drilling Completed 5-5-60
Elevation 6595' Total Depth 2198' STD 2171'

Please indicate location:

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

1650 S., 890 E

Top Oil/Gas Pay 2098' (perf) Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 2098-2106; 2132-2140

Open Hole None Depth 2194 Depth 2171'
Casing Shoe 2194 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, _____ bbls 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

<u>8 5/8"</u>	<u>96</u>	<u>84</u>
<u>2 7/8"</u>	<u>2184'</u>	<u>64</u>

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

Test After Acid or Fracture Treatment: 1794 MCF/Day; Hours flowed 3

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

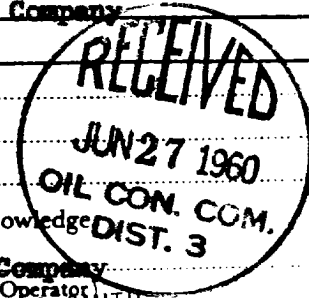
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 15,439 gal. water & 15,000 # sand

Casing 660 Tubing _____ Date first new
Press. 660 Press. _____ 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 JUN 27 1960, 19____ El Paso Natural Gas Company
(Company or Operator)

ORIGINAL SIGNED A.M. SMITH

OIL CONSERVATION COMMISSION

By: Original Signed Emory G. Arnold

Title Supervisor Dist. # 3

By: _____
(Signature)

Title Petroleum Engineer

Send Communications regarding well to:

Name E. S. Oberly

Address Box 990 Farmington, New Mexico

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
AZULC DISTRICT OFFICE		
QUANTITY OF COAL RECEIVED		5
DATE RECEIVED		
CONTRACT NO.		
WELL NO.		
U.S. REG.		
LAND OFFICE		
TRANSPORTER	OIL GAS	
PRODUCTION COMPANY		
OPERATOR		