

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

~~Not to be~~
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 September 15, 1960

(Place)

(Date)

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

El Paso Natural Gas Company **Jicarilla**, Well No. **13-B**, in **SE** $\frac{1}{4}$ **SE** $\frac{1}{4}$,

(Company or Operator) **P** **34** (Lease) **4 W** **25 N**, R. **4 W**, NMPM, **So. Blanco Pictured Cliffs** Pool

Unit Letter
Rio Arriba

County. Date Spudded **7-9-60** Date Drilling Completed **7-13-60**

Elevation **6971'** Total Depth **3299'** PBTD **3274'**

Please indicate location:

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

990 S, 990 E

Top Oil/Gas Pay **3218' (Perf)** Name of Prod. Form. **Pictured Cliffs**

PRODUCING INTERVAL -

Perforations **3218-3232; 3254-3262;**

Open Hole **None** Depth **3291'** Depth Casing Shoe **3291'** 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 _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
9 5/8"	139	124
2 7/8"	3281	75

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

Test After Acid or Fracture Treatment: **1615** MCF/Day; Hours flowed **3**

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

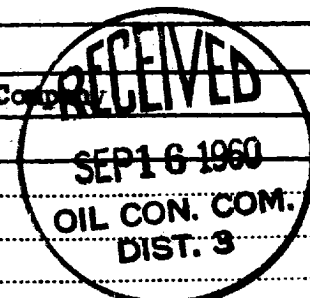
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **38,730 gal water & 20,000 # sand**

Casing **599** Tubing _____ Date first new _____
Press. _____ 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 **SEP 16 1960**, 19_____

El Paso Natural Gas Company

(Company or Operator)

Original Signed By: **D.H. Oheim**

By: _____ (Signature)

Petroleum Engineer

Send Communications regarding well to:

E. S. Oberly

Name _____

Address **Box 990, Farmington, New Mexico**

OIL CONSERVATION COMMISSION

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

Title Supervisor Dist. # **3**

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
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