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	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico
REQUEST FOR (OIL) - (GAS) ALLOWABLE

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

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 July 1, 1964
(Place) (Date)

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

El Paso Natural Gas Company Jicarilla , Well No. 1-J , in NE $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)
K , Sec. 20 , T 26 , R 5 , NMPM, South Blanco Pictured Cliff Pool
Unit Letter
Rio Arriba County. Date Spudded _____ Date Re-completed 5-25-64
5-25-64 Date Drilling Completed

Please indicate location:

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

(Footage)

Tubing, Casing and Cementing Record

Size	Feet	Sax
3 5/8	100	70
5 1/2	3213	150
1 1/4	3156	

Elevation 6728 Total Depth 3214 PBTD _____

Top Oil/Gas Pay 3114 Name of Prod. Form. Pictured Cliff

PRODUCING INTERVAL -

Perforations _____

Open Hole _____ Depth Casing Shoe 3213 Depth Tubing 3156

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: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): _____

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

Oil Transporter _____

Gas Transporter El Paso Natural Gas Company

Remarks: Installed intermitter. Turned back on production 5-25-64.

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

Approved JUL 1 1964 , 19 _____

OIL CONSERVATION COMMISSION

Original Signed By

By: A. R. KENDRICK

Title PETROLEUM ENGINEER DIST. NO. 3

By: Robert L. Nickell, Jr. (Company or Operator)
(Signature)

Title _____

Send Communications regarding well to:

Name _____

