

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR ~~(OIL)~~ - (GAS) ALLOWABLE

New Well
~~REWORK~~

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 QUADRUPPLICATE 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 11-3-58
(Place) (Date)

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

EL PASO NATURAL GAS COMPANY **JICARILLA**, Well No. **11-0**, in **SW** $\frac{1}{4}$ **SW** $\frac{1}{4}$,
(Company or Operator) (Lease)
M, Sec. **13**, T. **26N**, R. **5W**, NMPM., **S. Blanco PC Ext.** Pool
Unit Letter **Rio Arriba**

Please indicate location:

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

County. Date Spudded 9-3-58 Date Drilling Completed 10-5-58
Elevation 6699 Total Depth 3377 PBD 3327
Top Oil/Gas Pay 3262 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3271-81', 3291-3303', 3311-21'
Open Hole _____ Depth _____ Depth _____
Casing Shoe 3376 Tubing 3324

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: None MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	86	70
5-1/2"	3364	100
1-1/4"	3317	-

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

Test After Acid or Fracture Treatment: 3,192 MCF/Day; Hours flowed 3
Choke Size 3/4 Method of Testing: Back pressure

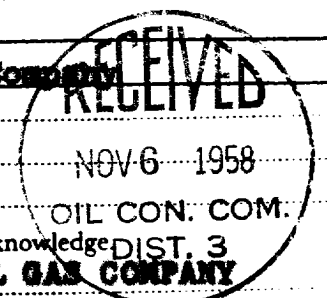
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 25,000 gallons water, 30,000# sand

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

Oil Transporter _____

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: NOV 6 1958, 19_____
EL PASO NATURAL GAS COMPANY
(Company or Operator)

OIL CONSERVATION COMMISSION
By: Original Signed Emery C. Arnold
Title: Supervisor Dist. # 3

By: DR. G. NAL SIGOLD E. S. OBERLY
(Signature)
Title: Senior Petroleum Engineer
Send Communications regarding well to:
Name: E. S. Oberly
Address: Box 997, Farmington, New Mexico

OIL CONSERVATION COMMISSION

AZTEC DISTRICT OFFICE

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