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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 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.

Durango, Colorado
(Place)

January 18, 1962
(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS

Escony Mobil Oil Company, Inc.

Jicarilla "H"

Well No. **11-9**

In SW 1/4 NE 1/4

(Company or Operator)

(Lease)

0

2

T 26N

R 3W

Cavilan

Pool

Unit Letter

Rio Arriba

County Date Spudded **August 9, 1961** Date Drilling Completed **August 17, 1961**

Please indicate location:

Elevation **7045 ft** Total Depth **3755** FRTD **3713**

Top Oil/Gas Pay **3591** Name of Prod. Form. **Pictured Cliffs**

PRODUCING INTERVAL -

Perforations **3591/3611, 3619/3635, 3670/3674, 3677/3693, 3708/3711**

Open Hole _____ Depth _____ Casing Shoe **328** Depth Tubing **3725**

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: **989** MCF/Day; Hours flowed **3 hrs.**

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: **50-100 gal. 10% HCl, 10/20 lb. 10,000 20/40SD**

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 **JAN 22 1962**, 19_____

OIL CONSERVATION COMMISSION

By: **Arthur Hendrick**

Title **PETROLEUM ENGINEER DIST. NO. 3**

FILE 1

Escony Mobil Oil Company, Inc.

(Company or Operator)

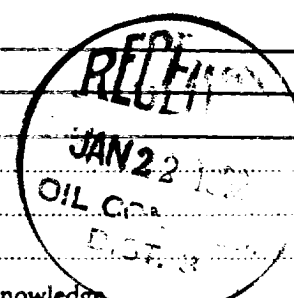
By: **R. M. Barry** (Signature)

Title **Dist. Prod. Supt.**

Send Communications regarding well to:

Name **R. C. Mills**

P. O. Box 3371, Durango, Colorado



OIL - GAS

... of the gas ...
... of the gas ...
... of the gas ...
... of the gas ...

| | |
|-----------------------------|--|
| STATE OF NEW MEXICO | |
| OIL CONSERVATION COMMISSION | |
| ALBUQUERQUE DISTRICT OFFICE | |
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