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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
~~XXXXXXXXXX~~

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)

4-3-62

(Date)

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

El Paso Natural Gas Company Jicarilla, Well No. 93-2, in NE 1/4 NE 1/4,
(Company or Operator) (Lease)
A, Sec. 34, T. 27N, R. 3W, NMPM., Blanco Mesa Verde Pool
Unit Letter

Rio Arriba County. Date Spudded 3-3-62 Date Drilling Completed 3-18-62

Please indicate location:

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

890'N, 990'E
(Footage)

Tubing, Casing and Cementing Record

Size	Feet	Sax
9 5/8	1:27	100
7"	4:104	100
4 1/2	2:32	175
2 3/8	6033	---

Elevation 7202' GL Total Depth 6250 PBD

Top Oil/Gas Pay 5652 Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL - 5652-5656; 5706-5710; 5988-5992; 6030-6034;

Perforations 6048-6052; 6076-6084; 6124-6128

Open Hole None Depth 6245 Casing Shoe 6043 Depth 6043 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 _____

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

Test After Acid or Fracture Treatment: 8896 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): 89,950 Gal. Water, 80,000# sand.

Casing Press. 1689 Tubing Press. 1689 Date first new oil run to tanks _____

Oil Transporter El Paso Natural Gas Products Company

Gas Transporter El Paso Natural Gas Company

Remarks: _____

APR 3 1962
OIL CON. COM.
DIST. 3

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

Approved APR 3 1962, 19____

El Paso Natural Gas Company

(Company or Operator)

Original Signed By: D.H. Oberly

By: _____ (Signature)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title: Petroleum Engineer

Send Communications regarding well to:

Title Supervisor Dist. # 3

Name E. S. Oberly

Box 900 Farmington New Mexico