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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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.

Farmington, New Mexico

December 18, 1961

(Place)

(Date)

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

El Paso Natural Gas Company

Rincon Unit

163

SW

SW

Well No. _____, in _____ 1/4 _____ 1/4,

(Company or Operator)

M Sec. **29**

T **27-N** (Lease) **6-W**

So. Blanco Pictured Cliffs

Pool

Unit Letter
Rio Arriba

County **10-4-61**
Date Spudded **8709 G**

Date Drilling Completed **10-9-61**
3353 **3326**

Elevation _____ Total Depth _____

Top Oil/Gas Pay **3188** Name of Prod. Form. **Pictured Cliffs**

PRODUCING INTERVAL -

Perforations **3188-96; 3218-26; 3230-38;**

Open Hole **None** Depth **3343** Depth **3326**
Casing Shoe _____ 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: **1375** 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): **33,200 gal. water, 29,000# sand**

Casing **963** Tubing _____ Date first new _____
Press. _____ oil run to tanks _____

Oil Transporter **El Paso Natural Gas Products Company**

Gas Transporter **El Paso Natural Gas Company**

Please indicate location:

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

1180'S, 800'W

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	115	140
2 7/8"	3333	150

Remarks: _____

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

Approved _____, 19____

El Paso Natural Gas Company

(Company or Operator)

OIL CONSERVATION COMMISSION

Original Signed By

By: **A. R. KENDRICK**

PETROLEUM ENGINEER DIST. NO. 3

Title _____

By: **ORIGINAL SIGNED E. S. OBERLY**

(Signature)

Title **Petroleum Engineer**

Send Communications regarding well to:

Name **E. S. Oberly**

Address **Box 290, Farmington, New Mexico**

