

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

COMPLETION
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.

72535

Farmington, New Mexico

8/1/60

(Place)

(Date)

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

El Paso Natural Gas Company

Rincon

Well No. 149 (N)

in SE

1/4 SW

1/4

(Company or Operator)

(Lease)

N

Sec. 30

T. 27

R. 6

NMPM.

Blanco Mesa Verde

Pool

Unit Letter

RE: Completed

Rio Arriba

Date 8/1/60

Please indicate location:

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

County, Day Spudded

Elevation 6616 (G)

Total Depth 7653

FEET

Top Oil, Gas Pay 5166

Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL -

Perforations

Open Hole _____ Depth _____ Casing Shoe 7651 Intake 5501

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs. _____ min. Size _____

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: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	San
<u>13-3/8</u>	<u>317</u>	<u>230</u>
<u>9-5/8</u>	<u>322</u>	<u>150</u>
<u>7</u>	<u>7255</u>	<u>1006</u>
<u>5</u>	<u>7172</u>	<u>50</u>
<u>2-3/8</u>	<u>5501</u>	

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

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testings: _____

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

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

Oil Transporter _____

Gas Transporter El Paso Natural Gas Company

Remarks: An intermitter was installed, turned back on Production 8/1/60

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

Approved: SEP 29 1960

, 19.

OIL CONSERVATION COMMISSION

By: (Original Signed) Emery C. Arnold

Title: Supervisor Dist. # 3

By: BFB

Company or Operator

SEP 29 1960

RECEIVED
OIL CON. COM.
DIST. 3

Title _____

Send Communications regarding _____ to:

Name _____

Address _____