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# NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

## 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

September 20, 1962

(Place)

(Date)

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

**El Paso Natural Gas Company** **Rincon**, Well No. **172**, in **NW**  $\frac{1}{4}$  **NE**  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)

**B**, Sec. **26**, T. **27-N**, R. **7-W**, NMPM, **Basin Dakota** Pool

Unit Letter

**Rio Arriba**

County. Date Spudded **7-8-62** Date Drilling Completed **7-27-62**  
Elevation **6721 (G)** Total Depth **7719** PBD **7626**

Please indicate location:

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

**950'N, 1650'E**

(FOOTAGE)

Tubing, Casing and Cementing Record

Size Feet Sax

9 5/8"	304	210
4 1/2"	7706	545
2 3/8"	7381	

Top Oil/Gas Pay **7434 Perf** Name of Prod. Form. **Dakota**

PRODUCING INTERVAL - **7434-40; 7456-62; 7552-58;**  
**7582-88; 7604-08; 7614-18;**

Perforations

Open Hole **None** Depth **7719** Depth Casing Shoe **7381**

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 load oil used): \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. 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: **4050** MCF/Day; Hours flowed **3**

Choke Size **3/4"** Method of Testing: **Calculated A.O.F.**

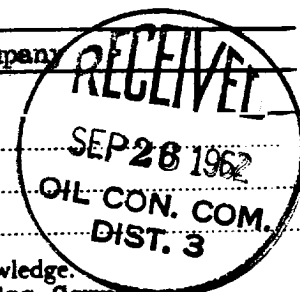
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **72,000# sand, 85,900 gal water; 70,000# sd, 61,000gal water**

Casing **2441** Tubing **1405** Date first new oil run to tanks

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

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 \_\_\_\_\_, 19\_\_\_\_\_

**El Paso Natural Gas Company**

(Company or Operator)

OIL CONSERVATION COMMISSION

By: **Original Signed Emery C. Arnold**

Title **Supervisor Dist. # 3**

By: **ORIGINAL SIGNED H.E. McANALLY**  
(Signature)

Title **Petroleum Engineer**

Send Communications regarding well to:

Name **E. S. Oberly**

Address **Box 990, Farmington, New Mexico**