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OPERATOR		2

**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      January 23, 1962

(Place)

(Date)

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

**El Paso Natural Gas Company**      **Rincon Unit**      Well No. 160      in SE  $\frac{1}{4}$  SW  $\frac{1}{4}$ ,

(Company or Operator)

(Lease)

**N**      **Sec. 23**      **T 27-N**      **R 6-W**      **NMPM.**      **So. Blanco Pictured Cliffs**      **Pool**

Unit Letter

**Rio Arriba**

County. Date Spudded 10-23-61      Date Drilling Completed 11-3-61

Elevation 6604 G      Total Depth 3394      BTD 3342

Please indicate location:

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

1090'S, 1650' W

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	118	140
2 7/8"	3384	190

Top Oil/Gas Pay 3259      Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3259-67; 3280-88; 3292-3300

Open Hole None      Depth 3394      Depth Casing Shoe 3394      Depth Tubing

OIL WELL TEST -

Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls. water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_ Choke

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 \_\_\_\_\_

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

Test After Acid or Fracture Treatment: 1598 MCF/Day; Hours flowed 3

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

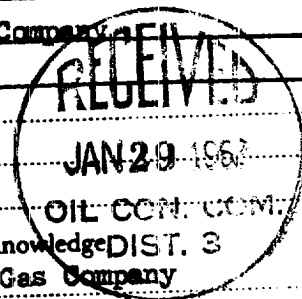
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 30,600 gal water, 30,000# sand

Casing Press. 1108      Tubing Press. \_\_\_\_\_      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. **DIST. 3**  
**El Paso Natural Gas Company**  
Approved: JAN 29 1962      \_\_\_\_\_, 19\_\_\_\_  
(Company or Operator)

**OIL CONSERVATION COMMISSION**

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

By: ORIGINAL SIGNED E. S. OBERLY  
(Signature)

Title Petroleum Engineer  
Send Communications regarding well to:

Name E. S. Oberly

Address Box 990, Farmington, New Mexico