

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 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

June 13, 1958

(Place)

(Date)

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

El Paso Natural Gas Company Rincon Unit, Well No. 113, in SE 1/4 NE 1/4,
(Company or Operator) (Lease)

H, Sec. 20, T. 27N, R. 6W, NMPM., Blanco Pool
Unit Letter

Rio Arriba

County. Date Spudded. 2-13-58 Date Drilling Completed 4-30-58

Elevation 6579' Total Depth 5584' ~~XXXX~~ 5570'

Please indicate location:

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

Top Oil/Gas Pay 4842' (Perf.) Name of Prod. Form. Mewa Verde
PRODUCING INTERVAL - 4842-4852; 4859-4868; 4876-4892; 4900-4916; 4928-4946;
5394-5412; 5422-5436; 5450-5462; 5471-5484; 5510-5520;
Perforations 5538-5554

Open Hole None Depth 5582 Depth Casing Shoe 5530
Tubing 5530

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 _____

1500 N, 800E

Tubing, Casing and Cementing Record

Size	Feet	Size
10 3/4"	161'	150
7 5/8"	3332'	200
5 1/2"	2278'	300
2"	5530'	---

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

Test After Acid or Fracture Treatment: 4568 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): 45,960 gal. water & 50,000# sand & 54,500 gal. water & 60,000#
Casing 1092 Tubing 1092 Date first new oil run to tanks _____
Press. _____

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 JUN 16 1958, 19

El Paso Natural Gas Company

(Company or Operator)

Original Signed D. C. Johnston

By: (Signature)

Title: Petroleum Engineer

Send Communications regarding well to:

E. S. Oberly

Name

Address: Box 997, Farmington, New Mexico

OIL CONSERVATION COMMISSION

Original Signed Emery C. Arnold

By:

Title Supervisor Dist. # 3