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LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
~~RENEWAL~~

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 4, 1962

(Place)

(Date)

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

El Paso Natural Gas Company Rincon Unit, Well No. 155, in SW 1/4 SW 1/4,

M (Company or Operator), Sec 17, T 27N, R 6W (Lease), NMPM, Basin Dakota Pool

Unit Letter
Rio Arriba

County Date Spudded 6-7-62 Date Drilling Completed 6-30-62
Elevation 6549 G Total Depth 7688 FTD 7595

Please indicate location:

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

990'8, 590'W

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Size
9 5/8"	281	210
4 1/2"	7678	330
2 3/8"	7301'	

Top Oil/Gas Pay 7363' (Perf) Name of Prod. Form. Dakota

PRODUCING INTERVAL - 7363-7367; 7376-7380; 7405-7409; 7486-7492;

Perforations 7532-7536; 7554-7558; 7572-7578

Open Hole None Depth 7688 Casing Shoe 7301

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: 3005 MCF/Day; Hours flowed 3

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

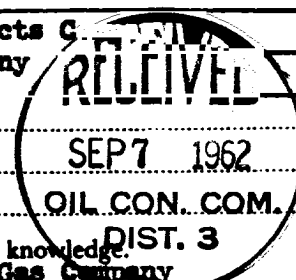
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 42,000 gallons water, 36,000# sand; 27,500 gal water, 12,500# sd.

Casing 1045 Tubing 2498 Date first new oil run to tanks

Oil Transporter El Paso Natural Gas Products Co.

Gas Transporter El Paso Natural Gas Company

Remarks: Baker "DA" Packer set at 7310' Choke Volume - 2879 MCF/D



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

Approved SEP 7 1962, 19

El Paso Natural Gas Company

(Company or Operator)

ORIGINAL SIGNED H.E. McANALLY

By: _____ (Signature)

Title Petroleum Engineer

Name Send Communications regarding well to: E. S. Oberly

Address Box 990, Farmington, New Mexico

OIL CONSERVATION COMMISSION

By: Original Signed by W. B. Smith

Title DEPUTY OIL & GAS INSPECTOR DIST. NO. 3