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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

~~New Mexico~~
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.

July 23, 1962

(Place)

(Date)

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

E. L. Fundingsland **Fundingsland-Jicarilla**, Well No. **287-11**, in **SW** **SW** **1/4** **1/4**,

(Company or Operator)

(Lease)

M, Sec **21**, T **27N**, R **1E**, NMPM., **Puerto Chiquito** Pool

Unit Letter

Rio Arriba

County **San Juan** Date Spudded **June 12** Date Drilling Completed **July 15**

Please indicate location:

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

Elevation **6957** Total Depth **2178** PBD

Top Oil/Gas Pay **2152** Name of Prod. Form. **Gallup**

PRODUCING INTERVAL -

Perforations

Open Hole **2152-64** Depth **1091** Depth **2100**
Casing Shoe Tubing

OIL WELL TEST -

Natural Prod. Test: **10** bbls. oil, **0** bbls water in **24** hrs, **2** min. Choke **2**

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: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

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

Casing _____ Tubing _____ Date first new **7/20/62**
Press. _____ Press. _____ oil run to tanks

Oil Transporter **Foutz & Bursum**

Gas Transporter _____

Remarks: _____

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

Approved **AUG 27 1962**, 19____

E. L. Fundingsland

(Company or Operator)

By **E. L. Fundingsland** (Signature)

OIL CONSERVATION COMMISSION

Original Signed By

By: **A. R. LENDRICK**

Title **PETROLEUM ENGINEER DIST. NO. 3**

Title _____

Send Communications regarding well to:

Name _____

