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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
~~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

November 12, 62

(Place)

(Date)

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

El Paso Natural Gas Company Rincon Unit

Well No. 179, in SW $\frac{1}{4}$ NE $\frac{1}{4}$,

(Company or Operator)

(Lease)

G Sec. 16, T. 27-N, R. 6-W, NMPM, Basin Dakota Pool

Unit Letter

Rio Arriba

County. Date Spudded 8-18-62

Date Drilling Completed

9-5-62

Please indicate location:

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

1490'N, 1540'E

(FOOTAGE)

Tubing, Casing and Cementing Record

| Size | Feet | Sax |
|--------|------|-----|
| 9 5/8" | 307 | 210 |
| 4 1/2" | 7809 | 555 |
| 2 3/8" | 7665 | |
| | | |

Elevation 6635 G

Total Depth 7819 c.o.m. 7788

Top Oil/Gas Pay 7519 Perf

Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 7519-23; 7537-41; 7648-52; 7688-92

Open Hole None

Depth 7819 Casing Shoe 7665 Depth 7665 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: 3201 MCF/Day; Hours flowed 3

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

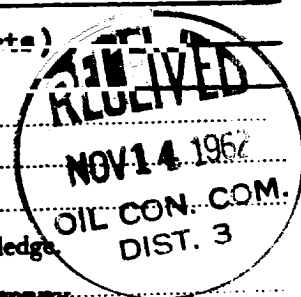
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 80,000 gallons water, 75,000# sand

Casing Press. 2630 Tubing Press. 2645 Date first new oil run to tanks _____

Oil Transporter El Paso Natural Gas Company (Products)

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 NOV 14 1962

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El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

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

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

Title Petroleum Engineer
Send Communications regarding well to:

Name E. S. Oberly

Address Box 990, Farmington, New Mexico