

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 QUADRUPPLICATE 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
(Place)

6/12/59
(Date)

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

El Paso Natural Gas Company Emeryano Unit, Well No. 47, in NE $\frac{1}{4}$, NE $\frac{1}{4}$,
(Company or Operator) (Lease)

A San Juan Sec. 9, T. 26, R. 9, NMPM., Ballard Pictured Cliffs Pool
Unit Letter Recompleted
County. Date Spudded 2/4/56 Date Drilling 5/20/59

Please indicate location:

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

Elevation 6385 BP Total Depth 2115 PBD -

Top Oil/Gas Pay 2083 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations
Open Hole 2083-2115 Depth Casing Shoe 2083 Depth Tubing 2112

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

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 _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>9-5/8</u>	<u>133</u>	<u>100</u>
<u>7</u>	<u>2083</u>	<u>150</u>
<u>1-1/4</u>	<u>2112</u>	

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

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

Choke Size _____ Method of Testing: _____

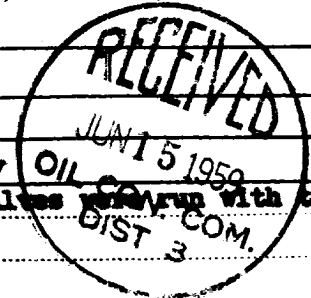
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): _____

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

Oil Transporter _____

Gas Transporter El Paso Natural Gas Company

Remarks: Because of water encroachment a string of differential valves were run with the tubing. The well was returned to producing status 5/21/59.



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

Approved: JUN 15 1959, 19____

El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

By: K.C. McBride (Signature)
Production Engineer

Title: _____
Send Communications regarding well to:

Title Supervisor Dist. # 3

Name: _____

Address: _____

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