

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57REQUEST FOR (OIL) - ~~ALLOWABLE~~ ALLOWABLENew 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

March 25, 1958

(Place)

(Date)

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

El Paso Natural Gas Products Co.

Hickman

3-A

SE

NW

Well No. _____, in _____ 1/4 _____ 1/4,

(Company or Operator)

F

3

26N

(Lease)

12W

Undesignated

Sec. _____, T. _____, R. _____, NMPM., _____ Pool

Unit Letter
San Juan

County. Date Spudded 2-20-58

Date Drilling Completed 2-28-58

Please indicate location:

Elevation 6065' Total Depth 5305' ~~XXXX~~ COTD 5238'

Top Oil/Gas Pay 5208' (Perf.)

Name of Prod. Form. Gallup

PRODUCING INTERVAL -

5208' - 5238'

Perforations

Open Hole None

Depth Casing Shoe 5301'

Depth Tubing 5222'

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 load oil used): 116 bbls. oil, 24 bbls. water in 24 hrs, _____ min. Size 14/64"

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): 37,800 Gals. Oil, 40,000# Sand, Flush w/5,460 Gals. Oil - 200 Gals.

Casing _____ Tubing _____ Date first new 3-22-58 Mud Acid Ahead of Press. _____ Press. _____ oil run to tanks

Oil Transporter El Paso Natural Gas Products Company by Truck. Frac.

Gas Transporter None

Remarks: _____

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

Approved: _____ MAR 26 1958 _____, 19_____

El Paso Natural Gas Products Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

By: _____

Petroleum Engineer

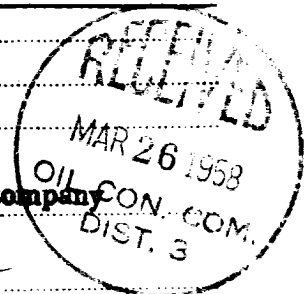
Title _____

Send Communications regarding well to:

Name: Ewell N. Walsh

Address: Box 1565, Farmington, New Mexico

Title Supervisor Dist. # 3



Tubing, Casing and Cementing Record

Size Feet Sax

10-3/4"	161'	150
5-1/2"	5292'	300
2-3/8"	5204'	- -

OIL CONSERVATION COMMISSION

ALTEC DISTRICT OFFICE

No. Copies Received 5

DISTRIBUTION

	NO. FURNISHED	
Operator	<u>2</u>	
Inspector	<u>1</u>	
Inspector in Charge	<u>1</u>	
Inspector and Clerk		
Transporter		
Freight	<u>1</u>	<input checked="" type="checkbox"/>