

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
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
~~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 October 3, 1961
(Place) (Date)

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

El Paso Natural Gas Company Hancock "B", Well No. 4, in NE 1/4 NW 1/4,

(Company or Operator) (Lease)
C 22, T 28-N, R 9-W, NMPM., Aztec Pictured Cliffs Pool
Unit Letter
San Juan

County San Juan Date Spudded 8-5-61 Date Drilling Completed 8-11-61
Elevation 6031' (G) Total Depth 2387 PBTD 2346

Please indicate location:

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

972 N, 1850'W

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8 5/8"</u>	<u>97</u>	<u>270</u>
<u>2 7/8"</u>	<u>2369</u>	<u>80</u>

Top Oil/Gas Pay 2306 (Perf) Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 2306-13; 2328-36

Open Hole None Depth 2380 Depth 107
Casing

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): _____ 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: 1891 MCF/Day; Hours flowed Three

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): 29,660 gal water, 25,000# sand

Casing Press. 703 Tubing Press. _____ Date first new oil run to tanks _____

Oil Transporter _____

Gas Transporter _____

Remarks:

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

Approved OCT 6 1961, 19_____

El Paso Natural Gas Company

(Company or Operator)

Original Signed D. W. Meehan

By: _____ (Signature)

OIL CONSERVATION COMMISSION

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

STATE OF TEXAS	
OIL CONSERVATION DIVISION	
SANTA FE DISTRICT OFFICE	
NUMBER OF COPIES OF THIS REPORT	5
SANTA FE	
FILE	
U.S.C.S.	
LAND OFFICE	
TRANSPORT	OIL
PR. NAT. CO. 171	CO.
OPERATOR	