

**NEW MEXICO OIL CONSERVATION COMMISSION**  
Santa Fe, New Mexico

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

# REQUEST FOR (OIL) - (GAS) ALLOWABLE

**RECOMPLETION**  
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      12-30-60  
(Place)      (Date)

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

El Paso Natural Gas Company      Marshall      Well No. 6      in NW 1/4 SW 1/4  
(Company or Operator)      (Lease)

L      Sec. 29      T. 29      R. 7      NMPM.      Blanco Mesa Verde      Pool  
Unit Letter      Re: Completed

Rio Arriba

Please indicate location:

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

County Marshall      Date Spudded 11-3-60  
Elevation 6347      G      Total Depth 5389      FTD

Top Oil/Gas Pay 4667      Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL -

Perforations \_\_\_\_\_  
Open Hole \_\_\_\_\_      Depth \_\_\_\_\_      Casing Shoe 4625      Depth \_\_\_\_\_      Tubing 5360

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 \_\_\_\_\_

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: An Intermittent was installed. Turned back on production 11-8-60.

I hereby certify that the information given above is true and complete to the best of my knowledge.  
Approved: JAN 5 1961      19\_\_\_\_      El Paso Natural Gas Company      1961

OIL CONSERVATION COMMISSION

Original Signed Emery C. Arnold

By: \_\_\_\_\_

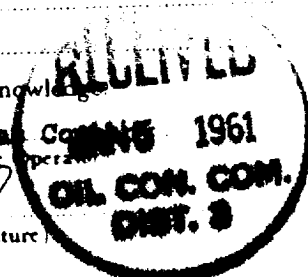
Title Supervisor Dist. # 3

By: BL Bayd      Signature

Title Production Engineer  
Send Communications regarding well to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_



STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
AZULC DISTRICT OFFICE		
NUMBER OF COPIES RECEIVED		4
DISTRIBUTION		
SANTA FE	1	
	1	✓
TRANSPORTER	OIL	
	GAS	
OPERATOR	1	