

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - ~~REPERF~~ 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 July 14, 1960

(Place)

(Date)

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

El Paso Natural Gas Products Co. Ojo Amarillo, Well No. **3**, in **NE** $\frac{1}{4}$ **SE** $\frac{1}{4}$,

(Company or Operator)

(Lease)

I, Sec. **27**, T. **29N**, R. **14W**, NMPM, Undesignated Gallup Pool

San Juan

County. Date Spudded **June 6, 1960** Date Drilling Completed **June 20, 1960**

Elevation **5776' (G.L.)** Total Depth **5596'** ~~xxxx~~ **COTD 5553'**

Please indicate location:

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

Top Oil/Gas Pay **5328' (Perfs.)** Name of Prod. Form. **Gallup**

PRODUCING INTERVAL -

Perforations **5328'-5346'** **4 shots/foot**

Open Hole **None** Depth Casing Shoe **5595'** Depth Tubing **5373'**

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **143** bbls. oil, **None** bbls water in **24** hrs, **--** min. Choke Size **18/64"**

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): **See "Remarks"**

Casing Tubing Date first new **July 10, 1960**
Press. _____ oil run to tanks

Oil Transporter **El Paso Natural Gas Products Company**

Gas Transporter **None**

Remarks: **Sandoil fracked perfs. (5328'-5346') with 51,828 gals. oil and 50,000# sand. Flushed with 5346 gals. oil.**

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

Approved **JUL 15 1960**, 19____

El Paso Natural Gas Products Company

ORIGINAL SIGNED BY: JOHN J. STROJEK

By: _____ (Signature)

Title **Petroleum Engineer**

Send Communications regarding well to:

Name **Ewell N. Walsh**

Address **Box 1560, Farmington, New Mexico**

OIL CONSERVATION COMMISSION

Original Signed Ewell N. Walsh

By: _____

Title **Supervisor Dist. # 3**

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
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