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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

January 31, 1963

(Place)

(Date)

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

El Paso Natural Gas Company Ludwick

Well No. 13(PM)(OWO)

SW

NE

(Company or Operator)

G

Sec. 5

T. 29-N

(Lease)

10-W

R. NMPM.

Blanco Mesa Verde

Pool

Unit Letter

San Juan

County Date Spudded

7-6-56

Date Drilling Completed

10-16-56

Elevation 5878

Total Depth 4894

4580

Please indicate location:

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

1750'N, 1720'E

(FOOTAGE)

Tubing, Casing and Cementing Record

| Size | Feet | Sax |
|---------|------|-----|
| 10 3/4" | 162 | 125 |
| 7" | 4190 | 300 |
| 5 1/2" | 781 | 120 |
| 2 1/2" | 4611 | |

Top Oil/Gas Pay 4568 Perf

Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL - 4262-68; 4300-22; 4387-97; 4491-4505;

4568-78; 4600-12; 4634-48;

Perforations

Open Hole None

Depth 4894

Depth 4611

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): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke 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: 2323 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: Calculated A.O.F.

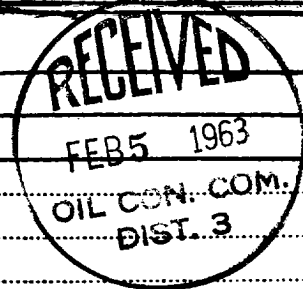
Acid or Fracture Treatment (Give amount of materials used, such as acid, water, oil, and sand): 95,040 gal wtr., 100,000# sand; 82,040 gal wtr., 100,000# sand

Casing 526 Tubing 738 Date first new Press. oil run to tanks

Oil Transporter El Paso Natural Gas Company

Gas Transporter El Paso Natural Gas Company

Remarks: See Workover on back.



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

Approved: FEB 5 1963, 19

El Paso Natural Gas Company

(Company or Operator)

ORIGINAL SIGNED H.E. McANALLY

By: _____

(Signature)

Title: Petroleum Engineer

Send Communications regarding well to:

Name: E. S. Oberly

Address: Box 990, Farmington, New Mexico

OIL CONSERVATION COMMISSION

Original Signed by W. B. Smith

By: _____

DEPUTY OIL & GAS INSPECTOR DIST. NO. 3

Title: _____