

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/61

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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, N. M.
Place

April 27, 1961
(Date)

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

El Paso Natural Gas Co.
Company or Operator

Cox Canyon
(Lease)

Well No. **4-21** in **NE** $\frac{1}{4}$ **NE** $\frac{1}{4}$

A
Unit Letter

Sec. **21**

T

32

R

11

NMPM

Blanco Mesa Verde

Pool

San Juan

County

Date **Re Completed**

2-28-61

Please indicate location:

elevation **6537**

Total Depth **5719**

Top Oil/Gas Pay **5072**

Name of Prod. Form. **Mesa Verde**

PRODUCING INTERVAL -

Perforations

Open Hole

Length **5719**

5707

OIL WELL TEST -

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

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. _____ sec.

GAS WELL TEST -

Natural Prod. Test: _____ MCF/day; hours flowed _____ days _____ size _____

Method of Testing (pilot, back pressure, etc.): _____

Test After Acid or Fracture Treatments: _____ MCF/day; hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as _____

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 3/7/61**

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

Approved **MAY 1 1961**, 19____

El Paso Natural Gas Company
Company or Operator

OIL CONSERVATION COMMISSION

By: **E. Powell**
(Signature)

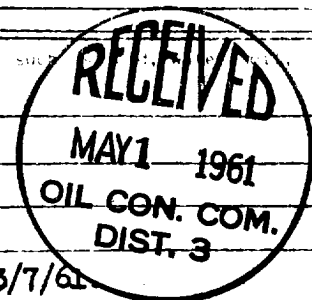
By: **Original Signed Emery C. Arnold**

Title: **Production Engineer**
Send Communications regarding well to _____

Title **Supervisor Dist. # 3**

Name _____

Address _____



STATE OF NEW MEXICO	
PROBATION COMMISSION	
PROBATION OFFICE	
PROBATION OFFICE	
PROBATION OFFICE	
U.S. DEPT. OF JUSTICE	
LAND OFFICE	
TRANSPORTER	OIL
PROBATION OFFICE	OFFICE
OPERATOR	