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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico **MOBBS-005 .000**

REQUEST FOR (OIL) - (GAS) ALLOWABLE

1962 DEC 5 AM 9:25

New Well
XXXXXXXXXX

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.

Jal, New Mexico

December 4, 1962

(Place)

(Date)

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

El Paso Natural Gas Company-Co. California Fed., Well No. **1**, in **SE** $\frac{1}{4}$ **NE** $\frac{1}{4}$,

(Company or Operator)

(Lease)

H, Sec. **29**, T. **19-S**, R. **32-E**, NMPM., **Lusk Marrow** Pool

Unit Letter

Lea

County. Date Spudded **3-23-62**

Date Drilling Completed **7-9-62**

Please indicate location:

Elevation **3561' OL** Total Depth **12,834'** PBD **12,833'**

Top Oil/Gas Pay **12,448'** Name of Prod. Form. **Marrow**

PRODUCING INTERVAL -

Perforations **12,448'-62'; 12,470'-78'; 12,480'-88'**

Open Hole **None** Depth **12,833'** Depth Casing Shoe **12,833'** Depth Tubing **12,431'**

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: **18,250** MCF/Day; Hours flowed **31** Choke Size **Various**

Method of Testing (pitot, back pressure, etc.): **Back Pressure Test**

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 Press. _____ Tubing Press. _____ Gas Date first new System **November 27, 1962**

Oil Transporter **Mc Wood Corporation**

Gas Transporter **Yates Drilling Company**

Remarks: **This is a dual completion between the Strawn and Marrow formations, isolated by production packer set at 12,396'. This gas is to be used for drilling in of a Yates Drilling Company well in an adjacent section.**

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

Approved: _____, 19____

El Paso Natural Gas Company

(Company or Operator)

By: **Don R. Balmer** (Signature)

Title: **Petroleum Engineer**

Send Communications regarding well to:

Name: **El Paso Natural Gas Company**

Address: **P. O. Box 1384 - Jal, New Mexico**

OIL CONSERVATION COMMISSION

By: _____

Title: _____