

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 QUADRUPPLICATE 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.

Gal., New Mexico  
(Place)

May 29, 1958  
(Date)

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

El Paso Natural Gas Company Prichard, Well No. 1-A, in SW  $\frac{1}{4}$  NE  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)  
6 Sec. 9, T. 25-S, R. 37-E, NMPM., Jalnet Pool  
Unit Letter

10a

County. Gal. Date Spudded 2-15-57 Date Drilling Completed 6-16-57  
Elevation 3153.3 G.L. Total Depth 3169 PBD 3112  
Top Oil/Gas Pay 2962 Name of Prod. Form. Yates

Please indicate location:

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

PRODUCING INTERVAL -

Perforations 2962-2977, 2987-3016, 3073-3109 & shots/ft.  
Open Hole \_\_\_\_\_ Depth \_\_\_\_\_  
Casing Shoe \_\_\_\_\_ Tubing 3112

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 \_\_\_\_\_

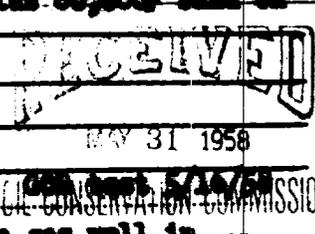
Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8 5/8</u>	<u>1105</u>	<u>600</u>
<u>5 1/2</u>	<u>3169</u>	<u>150</u>
<u>2"</u>	<u>3112</u>	

Method of Testing (pitot, back pressure, etc.): \_\_\_\_\_  
Test After Acid or Fracture Treatment: 6,900 MCF/Day; Hours flowed 96  
Choke Size Various Method of Testing: Multi-Point Back Pressure Test on original completion.

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Sand fraced 60,000 gals. refined oil plus 60,000 sand on original completion.  
Casing Tubing Date first new  
Press. Press. oil run to tanks

Oil Transporter McWood Corporation  
Gas Transporter El Paso Natural Gas Company



Remarks: This form submitted by virtue of results of recent GCM test. GCM test 5/16/58  
111,216-1. Request change of classification from oil well to gas well in  
Jalnet Pool.

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: R. T. Wright  
R. T. Wright (Signature)

OIL CONSERVATION COMMISSION

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

Title: Petroleum Engineer  
Send Communications regarding well to:

Title \_\_\_\_\_

Name: El Paso Natural Gas Company - R. T. Wright

Address: P. O. Box 138h - Gal., New Mexico