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	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

30.045-07113

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.

Kingston, New Mexico (Place) August 4, 1962 (Date)

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

El Paso Natural Gas Company (Company or Operator) Lease No. 9, Well No. 9, in 31 1/4 80 1/4, T. 34N, R. 2E, NMPM, Autoc Mictored 21150 Pool

Please indicate location:

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

County Date Spudded 1-20-62 Date Drilling Completed 3-1-62  
Elevation 4000 Total Depth 3127

Top Oil/Gas Pay 3000 Name of Prod. Form. Autoc Mictored 21150

PRODUCING INTERVAL -

Perforations 3127-3128  
Open Hole 3128 Depth 3128  
Casing Shoe 4125 Depth Tubing 3128

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 \_\_\_\_\_

Subing, Casing and Cementing Record

Size	Feet	SAR
2 7/8"	110	121
2 7/8"	3115	122

Method of Testing (pitot, back pressure, etc.): \_\_\_\_\_

Test After Acid or Fracture Treatment: 2247 MCF/Day; Hours flowed 4

Choke Size 2 1/2 Method of Testing: Calculated A.O.S.

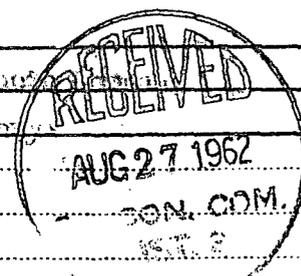
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): \_\_\_\_\_

Casing Press. 248 Tubing Press. \_\_\_\_\_ Date first new oil run to tanks \_\_\_\_\_

Oil Transporter El Paso Natural Gas Company

Gas Transporter El Paso Natural Gas Company

Remarks: \_\_\_\_\_



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

Approved AUG 27 1962, 19\_\_\_\_\_

El Paso Natural Gas Company

(Company or Operator)

Original Signed D. W. Meehan

By: \_\_\_\_\_ (Signature)

OIL CONSERVATION COMMISSION

Original Signed By

By: A. R. KENDRICK

Title Petroleum Engineer

Send Communications regarding well to:

Title PETROLEUM ENGINEER, DIST. NO. 3

Name B. O. (District)

Address Box 200, Kingston, New Mexico