

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 October 16, 1959
(Place) (Date)

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

El Paso Natural Gas Company Lindrith Unit, Well No. 32, in NE $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)
K, Sec. 16, T. 24N, R. 3W, NMPM., South Blanco P. C. Pool
Unit ~~Lester~~
Rio Arriba

Please indicate location:

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

1646'S, 1650' W

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	108	105
5 1/2"	3257	70
1 1/4"	3194'	---

County. San Juan Date Spudded 8-23-59 Date Drilling Completed 8-27-59
Elevation 7026 Total Depth 3271 ~~xxxx~~ C.O. 3255

Top Oil/Gas Pay 3160' (Perf.) Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3160-3184; 3210-3216; 3236-3242

Open Hole None Depth 3267 Depth 3194
Casing Shoe Tubing

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 Choke 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: 4269 MCF/Day; Hours flowed 3

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

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 32,044 gal. water & 40,000# sand.

Casing 947 Tubing 947 Date first new oil run to tanks
Press. Press.

Oil Transporter El Paso Natural Gas Products 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: OCT 18 1959, 19____

El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Ernest C. Arnold

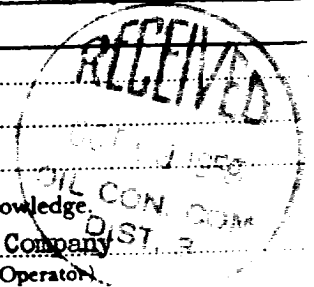
Title Supervisor Dist. # 3

By: Original Signed E. S. Oberly
(Signature)

Title Petroleum Engineer
Send Communications regarding well to:

Name E. S. Oberly

Address Box 997, Farmington, New Mexico



UNIT OF MEASUREMENT		
UNIT	MEASUREMENT	REMARKS
5		
2		
1		
1		
1		✓