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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-10)
Revised 7/1/59

REQUEST FOR (OIL) - ~~(GAS)~~ ALLOWABLE

PERMITS OFFICE 000

New Well
~~EXISTING~~

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.

Albuquerque, New Mexico, Aug. 1, 1963
(Place) (Date)

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

E. L. Fundingsland **Tenango-Lee "A"**, Well No. **1**, in **SW** $\frac{1}{4}$ **NE** $\frac{1}{4}$,
(Company or Operator) (Lease)

H, Sec. **23**, T. **19S**, R. **12E**, NMPM, **Pearl-Queen** Pool
Unit Lessor

Lee

Please indicate location:

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

190221 & 990221

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	100	75
4 1/2	5065	200
2 3/8	5013	thg.

County. Date Spudded **6-16-63** Date Drilling Completed **6-29-63**
Elevation **3743 BF** Total Depth **5076** PBD **5011**

Top Oil/Gas Pay **4922** Name of Prod. Form. **Queen**

PRODUCING INTERVAL -

Perforations **4922-27, 4931-32, 4937-41, 5004-5009**

Open Hole Depth Casing Shoe **5075** Tubing **5014**

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **142** bbls. oil, **4** bbls water in **12** hrs, **0** min. Size _____ Choke

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: _____ 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): **207 w/25,000 gals and 37,500# 20-40 sand**

Casing Tubing Date first new
Press. _____ Press. _____ oil run to tanks **July 10, 1963**

Oil Transporter **Pennion Corporation**

Gas Transporter **Warren Petroleum Corporation**

Remarks: _____

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

Approved _____, 19 _____ **E. L. Fundingsland**
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____ **Morris B. Jones**
(Signature) Original Signed by

Title _____ **Engineer** **MORRIS B. JONES**

Send Communications regarding well to:

Name **E. L. Fundingsland**
1402 Denver U.S. Bldg, Denver, Colo.
Address _____