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LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
~~RECEIVED~~

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 29, 1963

(Place)

(Date)

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

El Paso Natural Gas Company Lindrith Unit, Well No. 49, in SW 1/4 NE 1/4,

(Company or Operator)

(Lease)

G, Sec. 9, T. 24N, R. 3W, NMPM., South Blanco Pictured Cliffs Pool

Unit Letter

Rio Arriba

County San Juan Date Spudded 9-15-63

Date Drilling Completed 9-19-63

Elevation 7019' CL, 7029' DF Total Depth 3351 PBD

Please indicate location:

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

1550'N, 1840'E

(FOOTAGE)

Tubing, Casing and Cementing Record

Size Feet Sax

8 5/8"	110	110
2 7/8"	3341	140

Top 111 Gas Pay 3268 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3268-76; 3288-96

Open Hole None Depth 3351 Depth None

Casing Shoe 3351 Tubing

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 Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. 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: 3501 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): 26,680 gal. water, 30,000 10/20 sand

Casing 934 Tubing _____ Date first new _____

Press. _____ 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 NOV 4 1963, 19____

El Paso Natural Gas Company

(Company or Operator)

By: OR G'NAL SIGNED E. S. OBERLY

(Signature)

Title: Petroleum Engineer

Send Communications regarding well to:

Name: E. S. Oberly

OIL CONSERVATION COMMISSION

Original Signed By

By: A. R. KENDRICK

Title PETROLEUM ENGINEER DIST. NO. 3

