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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
(Place)

June 25, 1964
(Date)

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

El Paso Natural Gas Company Lindrith Unit, Well No. 54, in NE $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)
K Sec. 31, T. 24N, R. 2W, NMPM, So. Blanco Pictured Cliffs Pool
Unit Letter
Rio Arriba

County. San Juan Date Spudded 5-19-64 Date Drilling Completed 5-22-64
Elevation 7174' GL, 7184' DF Total Depth 3178 FBTD

Top ~~Oil~~/Gas Pay 3060 (Perf.) Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3060-68, 3110-18
Open Hole None Depth None Casing Shoe 3178 Depth None 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. Size _____

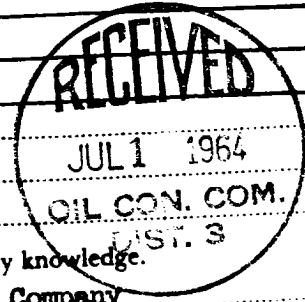
GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____
Method of Testing (pitot, back pressure, etc.): _____
Test After Acid or Fracture Treatment: 1303 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): 31,000 gal. water, 30,000# sand

Casing 947 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 EM 1 1964, 19

El Paso Natural Gas Company
(Company or Operator)

By: ORIGINAL SIGNED E. S. OBERLY
(Signature)

Title Petroleum Engineer
Send Communications regarding well to:
Name E. S. Oberly

Box 900, Farmington, New Mexico

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3