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DISTR. BUTION	
SANTA FE	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PROBATION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR ~~WELL~~ - (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 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.

Denver, Colorado January 28, 1964
(Place) (Date)

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

E. L. Fundingsland **Sumico-Federal**, Well No. **19**, in **NE** $\frac{1}{4}$ **SE** $\frac{1}{4}$,
(Company or Operator) (Lease)
I, Sec. **26**, T. **24N**, R. **2W**, NMPM., **South Blanco** Pool

Unit Letter
Rio Arriba

County. Date Spudded **8/15/63** Date Drilling Completed **8/24/63**
Elevation **7348 Gr** Total Depth **3303** PBD **3217**

Top ~~Oil~~ Gas Pay **3192** Name of Prod. Form. **Pictured Cliffs**

PRODUCING INTERVAL -

Perforations **3192-3214**
Open Hole Depth Casing Shoe **3293** Depth Tubing **3186**

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. 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 ~~Fracture~~ Fracture Treatment: **1445** MCF/Day; Hours flowed **3**

Choke Size **3/4"** Method of Testing: **Back Pressure**

~~Fracture~~ Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **30,000 lbs. sand & 35,800 Gals. water**

Casing Press. **637** Tubing Press. _____ Date first new oil run to tanks _____

Oil Transporter _____

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. **JAN 29 1964**, 19_____, **E. L. Fundingsland**
(Company or Operator)

By: **E. L. Fundingsland Jr.**
(Signature)

OIL CONSERVATION COMMISSION

By: **Original Signed Emery C. Arnold**

Title **Supervisor Dist. # 3**

Title **Exploration Manager**
Send Communications regarding well to:

Name **E. L. Fundingsland, Jr.**

Address **1402 Denver U.S. National Center**

Denver, Colorado

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

Please indicate location:

1850 FEET & 790 FEET

(FOOTAGE)

Tubing, Casing and Cementing Record

Size Feet Sax

8 5/8"	104	60
4 1/2"	3293	100
1 1/4"	3186	

