

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)

4-23-58
(Date)

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

EL PASO NATURAL GAS COMPANY JICARILLA, Well No. 15-H, in NE 1/4 SW 1/4,
(Company or Operator) (Lease)
K, Sec. 8, T. 24N, R. 4W, NMPM., S. Blanco PC Ext. Pool

Unit Letter

Rio Arriba

Please indicate location:

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

County. Date Spudded 2-19-58 Date Drilling Completed 2-27-58
Elevation 6690 Total Depth 2769 FRTD 2755
Top Oil/Gas Pay 2665 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 2673-2695', 2717-2746'
Open Hole Depth 2768 Depth Casing Shoe 2768 Depth Tubing 2741

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: None MCF/Day; Hours flowed Choke Size

Tubing, Casing and Cementing Record

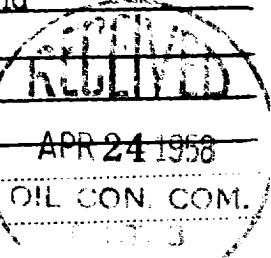
Size	Feet	Sax
8-5/8"	25	70
5-1/2"	2771	100
1-1/4"	2733	-

Method of Testing (pitot, back pressure, etc.):
Test After Acid or Fracture Treatment: 485 MCF/Day; Hours flowed 3
Choke Size 3/4 Method of Testing: Back pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 28,300 gallons water, 30,000# sand
Casing Tubing Date first new
Press. 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 APR 23 1958, 19

EL PASO NATURAL GAS COMPANY

(Company or Operator)

By: Dr. Johnston (Signature)

Title Petroleum Engineer
Send Communications regarding well to:

Name E. S. Oberly

Address Box 997, Farmington, New Mexico

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

OIL COMPENSATION COMMISSION		
REPORTING OFFICE		
1. Name of the vessel	4	
2. Date of departure	/	
3. Date of arrival	/	
4. Name of the captain	/	
5. Name of the crew member	/	
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