

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

10-1-57

(Place)

(Date)

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

EL PASO NATURAL GAS COMPANY JICARILLA, Well No. 8-H, in NE $\frac{1}{4}$ NE $\frac{1}{4}$,

(Company or Operator)

(Lease)

A, Sec. 8, T. 24N, R. 4W, NMPM, S. Blanco PC Ext. Pool

Unit Letter

Rio Arriba

County. Date Spudded 7-11-57

Date Drilling Completed 7-31-57

Please indicate location:

Elevation 6710 Total Depth 2869 PBTB 2832

Top Oil/Gas Pay 2741 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 2747-2760, 2808-2820

Open Hole _____ Depth _____ Casing Shoe 2868.5 Depth _____ Tubing 2829

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 load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

GAS WELL TEST -

Natural Prod. Test: None MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: 452 MCF/Day; Hours flowed 3

Choke Size 3/4 Method of Testing: Pitot

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 25,500 gallons water, 30,000# sand

Casing _____ Tubing _____ Date first new _____
Press. _____ 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 OCT 1 1957, 19_____

EL PASO NATURAL GAS COMPANY

(Company or Operator)

By: E. S. Oberly

(Signature)

Title Division Petroleum Engineer

Send Communications regarding well to:

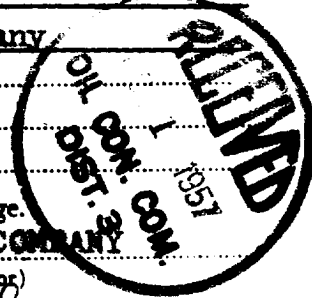
Name E. S. Oberly

Address Box 997K, Farmington, New Mexico

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3



OIL CONSERVATION COMMISSION		
AZERBAIJAN		
No. 340	FILE	4
Transporter		
File		✓