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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 January 8, 1964
(Place) (Date)

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

El Paso Natural Gas Company Canyon Largo Unit, Well No. 115, in NW 1/4 NE 1/4,
(Company or Operator) (Lease)

B, Sec. 8, T. 24N, R. 6W, NMPM., South Blanco Pictured Cliffs Pool
Unit Letter

Rio Arriba

Please indicate location:

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

1090'N, 1650'E

(FOOTAGE)

Tubing, Casing and Cementing Record

Size Feet Sax

8 5/8"	127'	110
2 7/8"	2400'	190

County. Date Spudded 9-23-63 Date Drilling Completed 9-26-63
Elevation 6724'GL, 6734'DR Total Depth 2420 FBTD 2410

Top Oil/Gas Pay 2364 Perfs Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 2364-80'

Open Hole None Depth 2410 Depth Casing Shoe 2410 Depth Tubing None

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: _____ MCF/Day; Hours flowed _____ Choke Size _____

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

Test After Acid or Fracture Treatment: 1841 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): 28,560 gal. water, 30,000# sand

Casing Press. 670 Tubing Press. _____ Date first new 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 JAN 10 1964, 19. El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

Original Signed By

A. R. KENDRICK

By: _____

Title PETROLEUM ENGINEER DIST. NO. 3

By: OR GINAL SIGNED E. S. OBERLY
(Signature)

Title Petroleum Engineer

Send Communications regarding well to:

Name E. S. Oberly

Address Box 990, Farmington, New Mexico

