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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 June 28, 1961
(Place) (Date)

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

El Paso Natural Gas Company Canyon Largo Unit Well No. 104, in NE SW
(Company or Operator) (Lease)

K 3 24-N 7-W Ballard Pictured Cliffs Pool
Unit Letter Sec. T. R. NMPM.

Rio Arriba

County. Date Spudded. 4-29-61 Date Drilling Completed 5-5-61

Elevation 7025 Total Depth 2625 X BTD c.o. 2600

Please indicate location:

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

1650 S, 1650 W

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8 5/8"</u>	<u>119'</u>	<u>120</u>
<u>2 7/8"</u>	<u>2612</u>	<u>185</u>

Top Oil/Gas Pay 2537' (Perf) Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 2537-2545; 2549-2561

Open Hole None Depth 2622 Depth 2622
Casing Shoe Tubing

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 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: 2923 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): 26,160 gal water & 30,000# sand

Casing 636 Tubing _____ Date first new
Press. _____ oil run to tanks

Oil Transporter El Paso Natural Gas Products 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 JUL 3 1961, 19_____
El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

By: _____
(Signature)

Title Petroleum Engineer

Send Communications regarding well to:

Name E. S. Oberly

Address Box 990, Farmington, New Mexico

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OIL CONSERVATION COMMISSION		
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