

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

Form C-104
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

~~XXXXXXXX~~
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 April 7, 1961
(Place) (Date)

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

El Paso Natural Gas Co. Jicarilla Well No. 3-B in SW $\frac{1}{4}$ SE $\frac{1}{4}$
(Company or Operator) (Lease)

0 Sec. 28 T 25 R 4 NMPM, So. Blanco Pictured Cliff Pool
(Unit Letter)

Rio Arriba

Please indicate location:

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

County San Juan Date Spudded 2-14-61 Date Re: Completed

Elevation 6874 G Total Depth 3225

Top Oil/Gas Pay 3132 Name of Prod. Form Picture Cliff

PRODUCING INTERVAL -

Perforations _____

Open Hole _____ Depth _____ Casing Shoe 3225 Depth 3144

OIL WELL TEST -

Natural Prod. Tests: _____ hrs., _____ bbls. water in _____ hrs., _____ min. Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of foam oil used): _____ bbls. oil, _____ bbls. water in _____ hrs., _____ min. Size _____

GAS WELL TEST -

Natural Prod. Tests: _____ MCF/day; hours flowed _____ choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sizes
<u>9-5/8</u>	<u>131</u>	<u>100</u>
<u>5-1/2</u>	<u>3225</u>	<u>150</u>
<u>2-3/8</u>	<u>3144</u>	

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

Test After Acid or Fracture Treatment: _____ MCF/day; hours flowed _____

choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): _____

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

Oil Transporter _____

Gas Transporter El Paso Natural Gas Co.

Remarks: Perforated tubing with two orifices at 2564 & 2874. Turned back on Production 2-21-61

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: _____ APR 10 1961, 19____

El Paso Natural Gas Company
(Company or Operator)

By: Emery C. Arnold
(Signature)

OIL CONSERVATION COMMISSION

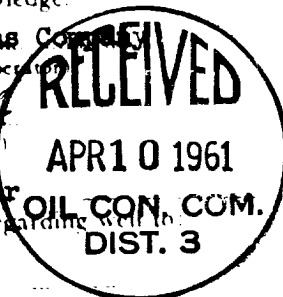
By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

Title: Production Engineer
Send Communications regarding well No. _____

Name: _____

Address: _____



STATE OF NEW MEXICO	
OIL CONSERVATION COMMISSION	
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