

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 QUADRUPPLICATE 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 6-9-59
(Place) (Date)

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

EL PASO NATURAL GAS COMPANY JICARILLA Well No. 12-B, in. SW $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)
E, Sec. 27, T. 25N, R. 4W, NMPM., S. Blanco PC Pool
Unit Letter

Rio Arriba County. Date Spudded. 4-18-59 Date Drilling Completed 5-1-59

Please indicate location:

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

Elevation 6926 Total Depth 3323 PBD 3283

Top Oil/Gas Pay 3198 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3202-3210', 3232-3255'

Open Hole _____ Depth _____ Casing Shoe 3323 Depth _____ Tubing 3253

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
<u>8-5/8"</u>	<u>152</u>	<u>120</u>
<u>5-1/2"</u>	<u>3324</u>	<u>150</u>
<u>1-1/4"</u>	<u>3245</u>	<u>-</u>

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

Test After Acid or Fracture Treatment: 2,661 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): 25,200 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. JUN 10 1959, 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 997, Farmington, New Mexico

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

OIL CONSERVATION COMMISSION		
ACTING DISTRICT OFFICE		
NAME OF COMPANY	4	
DATE OF INSPECTION		
TYPE OF OIL	1	
QUANTITY	1	
TYPE OF VESSEL	1	
NAME OF VESSEL		
U.S. NO.		
Transporter		
File	1	✓