

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
(Place)

6-9-59
(Date)

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

EL PASO NATURAL GAS COMPANY JICARILLA, Well No. 11-B, in SW $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)

G, Sec. 27, T. 25N, R. 4W, NMPM., S. Blanco PC Pool
Unit Letter

Rio Arriba

Please indicate location:

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

County. Date Spudded 4-11-59 Date Drilling Completed 4-24-59
Elevation 6942 Total Depth 3386 PBTD 3344

Top Oil/Gas Pay 3224 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3280-3313'
Open Hole _____ Depth _____
Casing Shoe 3385 Depth Tubing 3322

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 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	Size
<u>8-5/8"</u>	<u>122</u>	<u>100</u>
<u>5-1/2"</u>	<u>3379</u>	<u>150</u>
<u>1-1/4"</u>	<u>3314</u>	<u>-</u>

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

Test After Acid or Fracture Treatment: 2.792 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): 40,236x gallons water, 50,000# 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 _____, 19____

EL PASO NATURAL GAS COMPANY
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Emery C. Arnold

Title Supervisor Dist. # 3

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

ATTEC DISTRICT OFFICE

No. Copies Received

4

DISTRIBUTION

	FORWARDED	
Operator	1	
Service Co.	1	
Prodr. Ind. Off.	1	
State Land Office		
U. S. G. S.		
Transporter		
File	1	✓