

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)

1-22-59
(Date)

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

EL PASO NATURAL GAS COMPANY JICARILLA, Well No. 5-C, in SE $\frac{1}{4}$ SE $\frac{1}{4}$,

(Company or Operator)

(Lease)

P, Sec. 22, T. 25N, R. 4W, NMPM., S. Blanco PC Ext. Pool

Unit Letter

Rio Arriba

Please indicate location:

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

County. 12-12-58 Date Spudded 12-22-58 Date Drilling Completed

Elevation 7011 Total Depth 3470 PBD 3429

Top Oil/Gas Pay 3388 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3388-3424'

Open Hole _____ Depth _____ Casing Shoe 3469 Depth _____ Tubing 3419

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 load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

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>93</u>	<u>70</u>
<u>5-1/2"</u>	<u>3465</u>	<u>150</u>
<u>1-1/4"</u>	<u>3412</u>	<u>-</u>

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

Test After Acid or Fracture Treatment: 1,959 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): 37,800 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 JAN 23 1959, 19____

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

EL PASO NATURAL GAS COMPANY

(Company or Operator)

By: E. S. Oberly

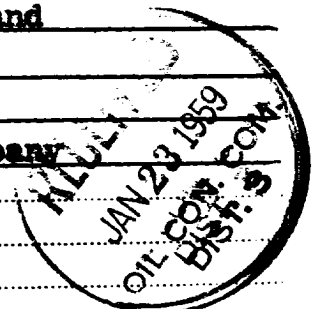
(Signature)

Title Division Petroleum Engineer

Send Communications regarding well to:

Name E. S. Oberly

Address Box 997, Farmington, New Mexico



OIL CONSERVATION COMMISSION		
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