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LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR ~~REVENUE~~ - (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.

Denver, Colorado April 16, 1964
(Place) (Date)

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

E. L. Fundingsland **Sanico-Federal**, Well No. **11**, in **NM** $\frac{1}{4}$ **SW** $\frac{1}{4}$,
(Company or Operator) (Lease)

K Sec. **23**, T. **25N**, R. **2W**, NMPM., **Undesignated** Pool
Unit Later

Rio Arriba

County. Date Spudded **12/27/63** Date Drilling Completed **3/2/64**
Elevation **7406 GR** Total Depth **3555** PBD **3546**

Please indicate location:

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

Section 23

Top **XXV** Gas Pay **3460** Name of Prod. Form. **Pictured Cliffs**

PRODUCING INTERVAL -

Perforations **3461-3481** Depth **3548** Depth **3480**
Open Hole 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 Choke
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 **BACK** Fracture Treatment: **2201** MCF/Day; Hours flowed **3**

Choke Size **3/4"** Method of Testing: **Back Pressure**

BACK Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **30.576 gals wtr & 30,000 ad**

Casing **836** 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. **APR 17 1964**, 19____

OIL CONSERVATION COMMISSION

By: Original Signed **Emery C. Arnold**

Title Supervisor Dist. # **3**

Title **Exploration Manager**
Send Communications regarding well to:

Name **E. L. Fundingsland, Jr.**
Address **1402 Denver U. S. National Center
Denver 2, Colorado**

