

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)

July 22, 1960
(Date)

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

El Paso Natural Gas Company Jicarilla, Well No. 6-C, in S.W. 1/4 N.W. 1/4,
(Company or Operator) (Lease)

E, Sec. 21, T. 25 N, R. 4 W, NMPM., So. Blanco Pictured Cliffs Pool
Unit Letter

Rio Arriba

County. Date Spudded 4-24-59

Date Drilling Completed 5-19-60

Please indicate location:

Elevation 7083 Total Depth 3520 2:0 3497

Top Oil/Gas Pay 3432' (Perf) Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3432-3454

Open Hole None Depth 3507 Depth 3507
Casing Shoe 3507 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 Acid or Fracture Treatment: 1345 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: Calculated A.O.F.

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

sand): 16,442 gal. water & 15,000 # sand

Casing _____ Tubing _____ Date first new

Press. 951 Press. _____ oil run to tanks

Oil Transporter El Paso Natural Gas Products Company

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: JUL 26 1960, 19____

El Paso Natural Gas Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

Supervisor Dist. # 3

Title _____

By: Original Signed D. W. Meehan

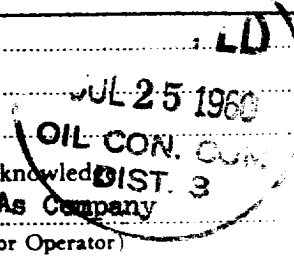
(Signature)

Title Petroleum Engineer

Send Communications regarding well to:

Name E. S. Oberly

Address Box 990, Farmington, New Mexico



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