

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 February 10, 1959

(Place)

(Date)

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

El Paso Natural Gas Company Hill, Well No. 4, in NW $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)

B, Sec. 23, T. 25N, R. 3W, NMPM., So. Blanco P.C. Ext. Pool
Unit Letter

Rio Arriba

County. Date Spudded 8-28-58 Date Drilling Completed 9-9-58
Elevation 7232' Total Depth 3735' ~~xxx~~ o. 3708'

Please indicate location:

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

790'N, 1850'E

Top Oil/Gas Pay 3662' (Perf.) Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3662-3680

Open Hole None Depth 3724' Casing Shoe 3667' Depth 3667' Tubing

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: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	96'	70
5 1/2"	3724'	100
1 1/4"	3667'	---

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

Test After Acid or Fracture Treatment: 8894 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): 25,000 gal. water & 30,000# sand

Casing 1026 Tubing _____ Date first new _____
Press. _____ oil run to tanks _____

Oil Transporter El Paso Natural Gas Products Company

Gas Transporter El Paso Natural Gas Company

Remarks: This well was originally drilled by Benson-Montin-Greer as the Hill #4. El Paso Natural Gas Company has purchased this well with name changed to the El Paso Natural Gas Hill No. 4. El Paso Natural Gas Company will be the operator.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved FEB 16 1959, 19____

El Paso Natural Gas Company

(Company or Operator)

By: ORIGINAL SIGNED J.J. TILLERSON CON. COM.
(Signature) DIST. 3

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

Title Petroleum Engineer
Send Communications regarding well to:

Name E. S. Oberly

Address Box 997, Farmington, New Mexico

OIL CONSERVATION COMMISSION		
APPLICANT'S INFORMATION		
Name	[Handwritten Name]	
Address	[Handwritten Address]	
City	[Handwritten City]	
State	[Handwritten State]	
Zip	[Handwritten Zip]	
Phone	[Handwritten Phone]	
Business	[Handwritten Business]	
Occupation	[Handwritten Occupation]	
Education	[Handwritten Education]	
Employment	[Handwritten Employment]	
Spouse's Name	[Handwritten Spouse's Name]	
U. S. G. S.	[Handwritten U. S. G. S.]	
Transporter	[Handwritten Transporter]	
File	[Handwritten File]	