NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well Records FOOK

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.

erea mu					armington, New Mexi		August 11, 1959 (Date)
WE ARE	E HER	EBY RE	QUESTIN	IG AN ALLOWABLE FOR	A WELL KNOWN AS	:	
El Pasc	. Natu	ral Ga	s Compar	y Jicarilla (Lese)	, Well No 14-8	in NW	/4
Ţ	(Compar D	ny or Oper , Sec	.17	, T25N, R4W	, NMPM.,SoBlan	.co. PC.	Pool
				County. Date Spudded			
		dicate lo		Elevation 7471 Top Oil/Gas Pay 3856 (F	lotal Depth	1940 Ann	W 0.00 JUST
D	C	В	A	Top Oil/Gas Pay 3000 (F	Name of Prod. Po	Jim. 1 LC Julieu	<u> </u>
Х				Perforations 3856-38	80'		
E	F	G	Н	Open Hole None	Depth Casing Shoe 39	Depth Tubin	<u>3863</u>
L	K	J	I	OIL WELL TEST - Natural Prod. Test:	bbls.oil, bbls	water inhr	Choke
				Test After Acid or Fracture	Treatment (after recovery	of volume of oil	equal to volume of Choke
M	N	0	P	load oil used):b	ols, oil,bbls wat	er inhrs, _	min. Size
1003'N	ojru 	 'W		Natural Prod. Test:	MCF/Dav: Hours	flowed Cho	oke Size
			nting Reco				
Sir	•	Feet	Sax	Test After Acid or Fractur			urs flowed 3
8 5/	/8 ¹	126'	120	Choke Size 3/4 Method			
5 1/		937'	82	Acid or Fracture Treatment			id, water, oil, and
				sand): 31,810 gal. V Casing Press. 968 Tubing Press.	rater & 35,000# san	<u>d.</u>	
				Oil Transporter El Pas	Natural Cas Produ	cts Company	CITILLE
1 1	_/4"	3863'		Gas Transporter El Paso	Natural Gas Compa	ny	MLULITE
Remark	ks:		•••••			<u></u>	AUG 1 3 1959
			•••••				OIL CON. COM
I	hereby	certify th	at the inf	ormation given above is true	and complete to the best	of my knowledge.	
				<u>3 1959</u> , 19	ET LARO MACATAT	mpany or Operator)	
	OIL	CONSEI	RVATION	COMMISSION	By: ORIGINAL SIG	(Signature)	LLY
Ву:	Ozi	tinal S	gned E	mery C. Arnold	Title PetroleumEn	gineer inications regardin	ng well to:
Title	Supervi	sor Dist.	# 3		Name E. S. Ober		
					Address Box 997, I		

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