

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 August 12, 1958

(Place)

(Date)

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

El Paso Natural Gas Company Canyon Largo Unit, Well No. **12**, in **NE** $\frac{1}{4}$ **NE** $\frac{1}{4}$,
(Company or Operator) (Lease)

A, Sec. **10**, T. **25N**, R. **6W**, NMPM., **So. Blanco P.C. Ext.** Pool

Unit Letter

Rio Arriba

Please indicate location:

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

890'N, 990'E

County. Date Spudded **4-26-58** Date Drilling Completed **4-29-58**
Elevation **6777'** Total Depth **2934'** ~~PROD~~ **C.O. 2913**

Top Oil/Gas Pay **2870' (Perf.)** Name of Prod. Form. **Pictured Cliffs**

PRODUCING INTERVAL -

Perforations **2870-2912**

Open Hole **None** Depth Casing Shoe **2933'** Depth Tubing **2882'**

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

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. Choke 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: **1461** 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): **32,000 gal. water & 35,000# sand.**

Casing Tubing **875** Date first new Press. **875** 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 **AUG 15 1958 August 12**, 19 **58**

El Paso Natural Gas Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: **Original Signed D. C. Johnston**
(Signature)

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

Title: **Petroleum Engineer**

Title **Supervisor Dist # 3**

Send Communications regarding well to:

Name: **E. S. Oberly**

Address: **Box 997, Farmington, New Mexico**

OIL CONSERVATION COMMISSION
AZTEC DISTRICT OFFICE

No. Copies Received 2

DISTRIBUTION

	NO. FURNISHED	SA
Operator	<u>1</u>	
Engineer	<u>1</u>	
Production Office	<u>1</u>	
State Land Office		
U. S. G. S.		
Transporter		
File	<u>1</u>	<u>1</u>