

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)

June 29, 1960
(Date)

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

El Paso Natural Gas Company Canyon Largo Unit, Well No. 93, in NE NE
(Company or Operator) (Lease)

A, Sec. 12, T. 25N, R. 6W, NMPM, South Blanco Pictured Cliffs Pool
Unit Letter

Rio Arriba

County. Date Spudded 5-13-60 Date Drilling Completed 5-17-60
Elevation 6702' Total Depth 2958 ~~2958~~ C.O.T.D. 2941'

Please indicate location:

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

990'N, 990'E

Tubing, Casing and Cementing Record
Size Feet Sax

8 5/8"	96	84
2 7/8"	2944	64

Top Oil/Gas Pay 2820' (Perf.) Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 2820-2830; 2836-2844

Open Hole None Depth 2954 Depth Casing Shoe 2954 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 _____

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

Test. After Acid or Fracture Treatment: 499 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): 18,300 gallons water and 10,000# sand.

Casing 854 Tubing _____ Date first new _____
Press. _____ 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 30 1960, 19____

El Paso Natural Gas Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: ORIGINAL SIGNED J.J. TILLERSON
(Signature)

By: _____

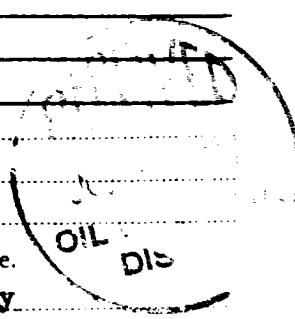
Title: Petroleum Engineer

Title Supervisor Dist. # 3

Send Communications regarding well to:

Box 990
Name _____

Address Farmington, New Mexico



STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
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