

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

~~Inspector~~
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)

9-13-62
(Date)

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

El Paso Natural Gas Co. Canyon Largo, Well No. 70, in NE $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)

A Sec. 31, T. 25, R. 6, NMPM., Ballard Pictured Cliff Pool
Unit Letter

Rio Arriba

County. Date Spudded Re: Completed 7-31-62
Date ~~8-20-62~~

Please indicate location:

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

Elevation 6820 (g) Total Depth 2708 FSD

Top Oil/Gas Pay 2610 Name of Prod. Form. Pictured Cliff

PRODUCING INTERVAL -

Perforations

Open Hole _____ Depth _____
Casing Shoe 2707 Tubing 2642

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 _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8-5/8</u>	<u>138</u>	<u>75</u>
<u>5-1/2</u>	<u>2707</u>	<u>70</u>
<u>1-1/4</u>		

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

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

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

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

Oil Transporter _____

Gas Transporter El Paso Natural Gas Company

Remarks: An intermitter was installed. Turned back on production 7-31-62.

SEP 17 1962

EL CON. COM.

I hereby certify that the information given above is true and complete to the best of my knowledge. DIST. 3

Approved SEP 17 1962, 19____

EL PASO NATURAL GAS COMPANY
(Company or Operator)

OIL CONSERVATION COMMISSION

By: K. C. Smith
(Signature)

By: Original Signed by W. B. Smith

Title: Production Engineer
Send Communications regarding well to:

Title: DEPUTY OIL & GAS INSPECTOR DIST. NO. 3

Name: _____

Address: _____

STATE OF NEW MEXICO	
OIL CONSERVATION COMMISSION	
COUNTY DISTRICT OFFICE	
NUMBER OF COPIES RECEIVED	
DATE OF RECEIPT	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	