

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 February 12, 1960
(Place) (Date)

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

El Paso Natural Gas Company Klein, Well No. 7 (FC), in SW $\frac{1}{4}$ NW $\frac{1}{4}$,
(Company or Operator) (Lease)

E, Sec. 33, T. 26N, R. 6W, NMPM., Wildcat Chacra Pool
Unit Letter

Rio Arriba

Please indicate location:

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

1500'N, 990'W

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4"	163	240
7"	3956	310
2"	3856	---
1 1/4"	2986'	---

County. 12-4-59 Date Spudded 12-4-59 Date Drilling Completed 12-12-59
Elevation 6762' Total Depth 3968' ~~Work~~ C.O. 3922'

Top Oil/Gas Pay 3788' (Perf.) Name of Prod. Form. Chacra

PRODUCING INTERVAL -

Perforations 3788-3800; 3880-3892
Open Hole None Depth 3966 Casing Shoe 3856 Depth 3856 Tubing

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 Choke 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: 1605 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): 41,538 gal. water & 35,000# sand.

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. 901 oil run to tanks _____

Oil Transporter El Paso Natural Gas Products Company

Gas Transporter El Paso Natural Gas Company

Remarks: Guiberson "AG" Production Packer set at 3100'.

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

Approved: FEB 15 1960, 19____

El Paso Natural Gas Company

(Company or Operator)

ORIGINAL SIGNED H.E. McANALLY

By: _____
(Signature)

Title Petroleum Engineer

Send Communications regarding well to:

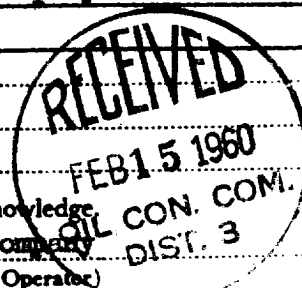
Name E. S. Oberly

Address Box 997, Farmington, New Mexico

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3



OIL CONSERVATION COMMISSION		
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