

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico February 14, 1954
(Place) (Date)

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

El Paso Natural Gas Company Klien, Well No. 1, in 1/4 NW 1/4,
(Company or Operator) (Lease)
E, Sec. 30, T. 26N, R. 6W, NMPM., South Blanco P.C. Pool
(Unit)
Rio Arriba County. Date Spudded. 12-7-52, Date Completed. 1-2-53

Please indicate location:

X			

1650'W 890'W

Casing and Cementing Record

Size	Feet	Sax
8-5/8"	90	80
5-1/2	2339	100

Elevation. 6180'g Total Depth. 2396', P.B.Top oil/gas pay. 2337' Prod. Form. Pictured CliffCasing Perforations: None orDepth to Casing shoe of Prod. String. 2339'

Natural Prod. Test. BOPD

based on. bbls. Oil in. Hrs. Mins.

Test after acid or shot. BOPD

Based on. bbls. Oil in. Hrs. Mins.

Gas Well Potential. 228 MCF per day

Size choke in inches.

Date first oil run to tanks or gas to Transmission system:

Transporter taking Oil or Gas: 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. 3-4-1954

El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

Title _____

By: ORIGINAL SIGNED E. J. COEN
(Signature)

Title. Petroleum Engineer

Send Communications regarding well to:

Name. E. J. Coen,Address. Box 997, Farmington, N.M.

OIL CONSERVATION COMMISSION

AZTEC DISTRICT OFFICE

No. Copies Received 5

DISTRIBUTION

	NO. FURNISHED	
Operator	<u>2</u>	
Santa Fe	<u>1</u>	
Proration Office	<u>1</u>	
State Land Office		
U. S. G. S.		
Transporter		
File	<u>1</u>	<input checked="" type="checkbox"/>