

NUMBER OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
PRODUCTION OFFICE		
OPERATOR		

# 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

June 28, 1961

(Place)

(Date)

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

**El Paso Natural Gas Company** Jicarilla "F" Well No. **14**, in **S.W.** **1/4** **N.E.** **1/4**,

(Company or Operator)

(Lease)

**G** **16** **26-N** **5-W** **So. Blanco Pictured Cliffs** Pool

Unit Letter

**Rio Arriba**

County. Date Spudded **4-20-61**

Date Drilling Completed **5-10-61**

Elevation **6604** Total Depth **3260** STD **c.o.** **3245**

Top Oil/Gas Pay **3128' (Perf)** Name of Prod. Form. **Pictured Cliffs**

PRODUCING INTERVAL -

Perforations **3128-3132; 3138-3144; 3149-3153; 3158-3164; 3176-3184**

Open Hole **None** Depth **3251** Depth Casing Shoe **3251** Depth Tubing

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 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: **2179** 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): **32,274 gal water & 25,000 lb sand**

Casing **1034** Tubing \_\_\_\_\_ Date first new \_\_\_\_\_  
Press. \_\_\_\_\_ oil run to tanks \_\_\_\_\_

Oil Transporter **El Paso Natural Gas Products Company**

Gas Transporter **El Paso Natural Gas Company**

Remarks:

JUL 3 1961

M.

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

Approved **JUL 3 1961**, 19\_\_\_\_\_

**El Paso Natural Gas Company**

(Company or Operator)

Original Signed **R. G. MILLER**

By: \_\_\_\_\_ (Signature)

Title **Petroleum Engineer**

Send Communications regarding well to:

**E. S. Oberly**

Name \_\_\_\_\_

Address **Box 990, Farmington, New Mexico**

OIL CONSERVATION COMMISSION

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

Title Supervisor Dist. # **3**

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
ALBUQUERQUE DISTRICT OFFICE		
NUMBER OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
PRODUCTION OFFICE		
OPERATOR		