

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 QUADRUPPLICATE 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)

11-12-58
(Date)

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

EL PASO NATURAL GAS COMPANY **JICARILLA**, Well No. **16-J**, in **NE** $\frac{1}{4}$ **NE** $\frac{1}{4}$,
(Company or Operator) (Lease)

A, Sec. **17**, T. **26N**, R. **5W**, NMPM., **S. Blanco PC Ext.** Pool
Unit Letter

Rio Arriba

Please indicate location:

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

County. Date Spudded **6-30-58** Date Drilling Completed **7-25-58**
Elevation **6624** Total Depth **3248** PBD **3200**

Top Oil/Gas Pay **3126** Name of Prod. Form. **Pictured Cliffs**

PRODUCING INTERVAL -

Perforations **3132-42', 3169-90'**

Open Hole _____ Depth _____ Casing Shoe **3247** Depth _____ Tubing **3178**

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: **None** MCF/Day; Hours flowed _____ Choke Size _____

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

Test After Acid or Fracture Treatment: **2,482** MCF/Day; Hours flowed **3**

Choke Size **3/4** Method of Testing: **Back pressure**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **25,000 gallons water, 30,000# sand**

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

Oil Transporter _____

Gas Transporter **El Paso Natural Gas Company**

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	86	70
5-1/2"	3237	100
1-1/4"	3171	-

Remarks: _____

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

Approved **NOV 13 1958**, 19____

EL PASO NATURAL GAS COMPANY

(Company or Operator)

By: **E. S. Oberly**
(Signature)

Title **Division Petroleum Engineer**

Send Communications regarding well to:

R. S. Oberly

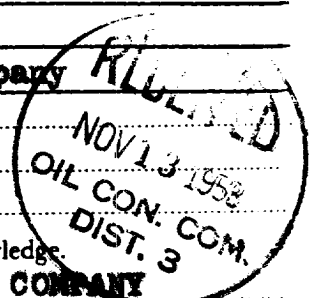
Name _____
Address **Box 997, Farmington, New Mexico**

OIL CONSERVATION COMMISSION

Original Signed Emery C. Arnold

By: _____

Title **Supervisor Dist. # 3**



OIL CONSERVATION COMMISSION

AZTEC DISTRICT OFFICE

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