

NO. 101 OF COP. 10 RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRORATION 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

December 1, 1961

(Place)

(Date)

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

El Paso Natural Gas Company **Rincon Unit**, Well No. **162**, in **NE** $\frac{1}{4}$ **SW** $\frac{1}{4}$,
(Company or Operator) (Lease)
K **27**, T. **27-N**, R. **6-W**, NMPM, **So. Blanco Pictured Cliffs** Pool
Unit Letter
Rio Arriba

County. Date Spudded **10-11-61** Date Drilling Completed **10-17-61**

Please indicate location:

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

1650'S, 1850'W

(FOOTAGE)

Tubing, Casing and Cementing Record

Size Feet Sax

8 5/8"	94	140
2 7/8"	3275	190

Elevation **6583 G** Total Depth **3286** ~~X~~ **BTDC** **c.o.** **3258**

Top Oil/Gas Pay **3168 Perf** Name of Prod. Form. **Pictured Cliffs**

PRODUCING INTERVAL -

Perforations **3168-74; 3190-96; 3206-12;**

Open Hole **None** Depth **3285** Depth Casing Shoe **3285** Depth 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 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: **1054** MCF/Day; Hours flowed **3**

Choke Size **3/4"** Method of Testing: **Calculated A.O.F.**

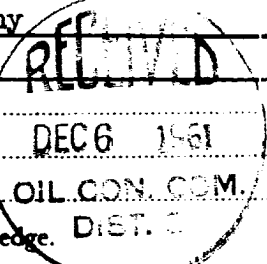
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **34,700 gal water, 30,000# sand**

Casing **1037** Tubing _____ Date first new oil run to tanks _____
Press. _____ Press. _____

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

Gas Transporter **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 **DEC 6 1961**, 19 _____ **El Paso Natural Gas Company**
(Company or Operator)

OIL CONSERVATION COMMISSION

Original Signed By

By: **A. R. KENDALL**

Title **PETROLEUM ENGINEER DIST. NO. 3**

By: _____
(Signature)

Petroleum Engineer

Title _____

Send Communications regarding well to:

Name **E. S. Overly**

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