

**NEW MEXICO OIL CONSERVATION COMMISSION**  
Santa Fe, New Mexico

(Form C-104)  
Revised 7/1/57

# REQUEST FOR (OIL) - (GAS) ALLOWABLE

~~RECOMPLETION~~  
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      8/22/60  
(Place)      (Date)

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

El Paso Natural Gas Co.      San Juan 28-4      , Well No. 6-11      , in SE       $\frac{1}{4}$  SE       $\frac{1}{4}$ ,  
(Company or Operator)      (Lease)

P      , Sec. 11      , T. 28      , R. 4      , NMPM,      Chosa Mesa Pictured Cliffs Pool  
Unit Letter      Re: Completed

Bio Arriba

Please indicate location:

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

County San Juan Date Spudded \_\_\_\_\_  
Elevation 7347      Total Depth 6580      5446

Top Oil/Gas Pay 4244      Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations \_\_\_\_\_

Open Hole \_\_\_\_\_      Depth \_\_\_\_\_      Casing Shoe 6571      Depth of Casing 4264

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: \_\_\_\_\_ MCF/day; Hours flowed \_\_\_\_\_

Choke Size \_\_\_\_\_ Method of Testing: \_\_\_\_\_

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): \_\_\_\_\_

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

Oil Transporter \_\_\_\_\_

Gas Transporter El Paso Natural Gas Company

Remarks: An Intermittent was installed. Turned back on Production 8/22/60.

I hereby certify that the information given above is true and complete to the best of my knowledge.  
Approved: NOV 10 1960      , 19\_\_\_\_

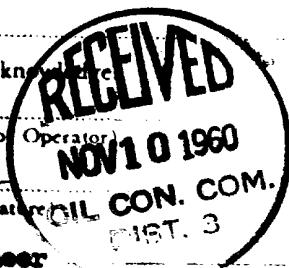
OIL CONSERVATION COMMISSION

By: [Signature]      (Company or Operator)  
(Signature) OIL CON. COM. DIST. 3  
Title: Production Engineer  
Send Communications regarding well to:

Name \_\_\_\_\_

Address \_\_\_\_\_

By: Original Signed Emery C. Arnold  
Title: Supervisor Dist. # 3



STATE OF NEW MEXICO  
OIL CONSERVATION COMMISSION  
ALBUQUERQUE DISTRICT OFFICE

NUMBER OF COPIES RECEIVED

DIST. INFORMATION

SANTA FE

FILE

U.S.G.S.

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OIL

GAS

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