

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

9/1/59

(Place)

(Date)

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

El Paso Natural Gas Company

(Company or Operator)

Well No. 81, in NW $\frac{1}{4}$ NW $\frac{1}{4}$,

(Lease)

D

Sec. 32

T. 27

R. 10

NMPM,

West Kutz

Pictured Cliffs Pool

Unit Letter

San Juan

County. Date 8/28/59

Date 8/28/59 Completed

Please indicate location:

Elevation 6070 G

Total Depth 1835 1785 c/o 1785

Top Oil/Gas Pay 1738

Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 1738 - 1770

Open Hole -

Depth Casing Shoe 1834 Depth Tubing 1753

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 Choke 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: _____ 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. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter El Paso Natural Gas Company

Remarks: Four gas lift differential valves were installed in the tubing string after cleanout to more effectively remove water from the well bore. Returned to production 8/29/59.

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

Approved: SEP 2 1959, 19____

El Paso Natural Gas Co.
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. #3

By: _____

K. C. McBride
Production Engineer

Title _____

Send Communications regarding well to:

Name _____

Address _____

SOIL CONSERVATION COMMISSION

AZTEC DISTRICT OFFICE

Map Codes Filled ☒

DISTRIBUTION

	NO. DISTRIBUTED	
1. District Office	/	
2. Regional Office	/	
3. State Office	/	
4. County Office		
5. District Engineer		
6. District Inspector	/	
7. District Surveyor		
8. District Clerk		