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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Basin Dakota

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

April 27, 1962

(Place)

(Date)

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

El Paso Natural Gas Company **Angel Peak**, Well No. **2**, in **NW** $\frac{1}{4}$ **SW** $\frac{1}{4}$,
(Company or Operator) (Lease)

L **20**, **T** **27-N**, **R** **11-W**, **NMPM**, **Basin Dakota** Pool
Unit Letter

San Juan

County Date Spudded **4-6-62**

Date Drilling Completed **4-15-62**

Please indicate location:

Elevation **5188 G** Total Depth **5584** PBD **6527**

Top Oil/Gas Pay **6346 Perf** Name of Prod. Form **Dakota**

PRODUCING INTERVAL -

Perforations **6346-52:6388-6400:6452-64**

Open Hole **None** Depth **6583** Depth **6446**
Casing Shoe Tubing

OIL WELL TEST -

Natural Prod. Test: **None** bbls, oil, **None** bbls water in **None** hrs, **None** min. Choke **None**

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke
load oil used): **None** bbls, oil, **None** bbls water in **None** hrs, **None** min. Size **None**

GAS WELL TEST -

Natural Prod. Test: **None** MCF/Day; Hours flowed **None** Choke Size **None**

Method of Testing (pitot, back pressure, etc.): **None**

Test After Acid or Fracture Treatment: **7015** 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): **59,000 gal water, 60,000# sand**

Casing Press. **1990** Tubing Press. **2002** Date first new oil run to tanks **None**

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

Gas Transporter **El Paso Natural Gas Company**

Remarks: **RECEIVED MAY 2 1962**

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

Approved **MAY 2 1962**, 19 **El Paso Natural Gas Company**
(Company or Operator)

OIL CONSERVATION COMMISSION

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

Title **Supervisor Dist. # 3**

By: **Original Signed D. W. Meahan**
(Signature)

Title **Petroleum Engineer**

Name **E. S. Oberly**

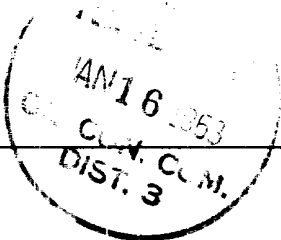
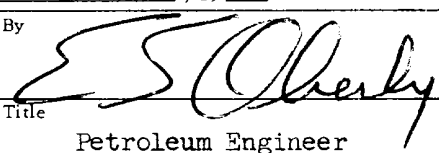
Address **Box 990, Farmington, New Mexico**



LTR



Job separation sheet

NUMBER OF COPIES RECEIVED <u>6</u> DISTRIBUTION SANTA FE <u>1</u> FILE <u>1</u> U.S.G.S. LAND OFFICE TRANSPORTER OIL <u>2</u> GAS PRODUCTION OFFICE OPERATOR <u>2</u>		NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		FORM C-110 (Rev. 7-60)
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE				
Company or Operator El Paso Natural Gas Company			Lease Angel Peak	Well No. 2
Unit Letter L	Section 20	Township 27N	Range 11W	County San Juan
Pool Basin Dakota			Kind of Lease (State, Fed, Fee) Federal	
If well produces oil or condensate give location of tanks		Unit Letter Same	Section	Township
				Range
Authorized transporter of oil <input type="checkbox"/> or condensate <input checked="" type="checkbox"/>			Address (give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company			Box 990, Farmington, New Mexico	
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input checked="" type="checkbox"/>		Date Connected 7-10-62	Address (give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company			Box 990, Farmington, New Mexico	
If gas is not being sold, give reasons and also explain its present disposition:				
REASON(S) FOR FILING (please check proper box)				
New Well <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter (check one) Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casing head gas . <input type="checkbox"/> Condensate.. <input checked="" type="checkbox"/> Other (explain below)				
Remarks <div style="position: absolute; right: 0; bottom: 0; text-align: center;">  </div>				
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.				
Executed this the <u>1st</u> day of <u>January</u> , 19 <u>63</u> .				
OIL CONSERVATION COMMISSION			By 	
Approved by			Title	
Original Signed by W. B. Smith			Petroleum Engineer	
Title			Company	
DEPUTY OIL & GAS INSPECTOR DIST. NO. 3			El Paso Natural Gas Company	
Date			Address	
JAN 16 1963			Box 990, Farmington, New Mexico	