

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

## 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico October 19, 1953  
(Place) (Date)

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

El Paso Natural Gas Company Marshall, Well No. 2, in 1/4 NE 1/4,  
(Company or Operator) (Lease)  
1, Sec. 31, T. 29N, R. 7W, NMPM., Blanco Pool  
(Unit)  
Rio Arriba County. Date Spudded 8-10-53, Date Completed 8-28-53

Please indicate location:

			X

1500'N 800'E

## Casing and Cementing Record

Size Feet Sax

9-5/8"	161	125
7"	4830	500

Elevation 6605' Total Depth 5593' P.B.Top oil/gas pay 4900' Prod. Form ManuvarteCasing Perforations: None orDepth to Casing shoe of Prod. String 4840'

Natural Prod. Test BOPD

based on bbls. Oil in Hrs. Mins.

Test after acid or shot BOPD

Based on bbls. Oil in Hrs. Mins.

Gas Well Potential 3,000 MCF/D

Size choke in inches

Date first oil run to tanks or gas to Transmission system: Waiting on pipeline.Transporter taking Oil or Gas: El Paso Natural Gas Company

Remarks:

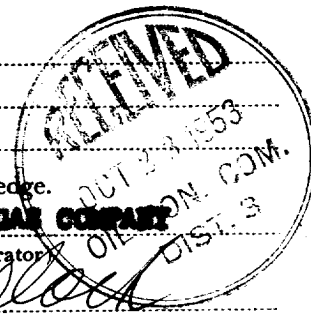
I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: 10-23, 19 53

OIL CONSERVATION COMMISSION

By: Original Signed Emory C. ArnoldTitle Oil and Gas Inspector Dist. #3.By: R. J. Cool  
(Signature)Title Petroleum Engineer

Send Communications regarding well to:

Name R. J. CoolAddress Box 997 Farmington, New Mexico

**OIL CONSERVATION COMMISSION**

**AZTEC DISTRICT OFFICE**

**No. Copies Received** 5

**DISTRIBUTION**

	NO. FURNISHED	
Operator	<u>2</u>	
Santa Fe	<u>1</u>	
Proration Office	<u>1</u>	
State Land Office		
U. S. C. S.		
Transporter		
File	<u>1</u>	<input checked="" type="checkbox"/>