

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 July 12, 1960
(Place) (Date)

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

El Paso Natural Gas Company **King**, Well No. **1(PM)**, in **NE** $\frac{1}{4}$ **NE** $\frac{1}{4}$,
(Company or Operator) (Lease)
A, Sec. **22**, T. **30 N**, R. **10 W**, NMPM, **Wildcat Pictured Cliff** Pool
Unit Letter

San Juan County. Date Spudded **9-15-52** Date Drilling Completed **10-10-52**
Elevation **6317'** Total Depth **5322'** **PE** **5258'**
Top Oil/Gas Pay **2935' (Perf)** Name of Prod. Form. **Pictured Cliffs**

Please indicate location:

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

990 N, 890 E

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4"	215	170
7"	4477	400
5 1/2"	879	415
2 3/8"	5210	
1 1/2"	2963	

PRODUCING INTERVAL -

Perforations **2935-2943; 2947-2953; 2957-2963; 2967-2971'**
Open Hole **None** Depth **5293** Casing Shoe **5293** Depth **2963** 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: **5324** MCF/Day; Hours flowed **three**

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

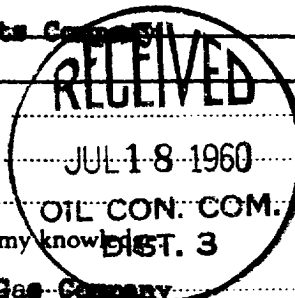
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **25,200 gal. water & 35,000 # sand**

Casing **956** Tubing **956** Date first new Press. **956** Press. **956** oil run to tanks

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

Gas Transporter **El Paso Natural Gas**

Remarks: **Guiberson "Shorty" Model packer set at 4468'**



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

Approved **JUL 18 1960**, 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 R. G. MILLER**
(Signature)

Title **Petroleum Engineer**
Send Communications regarding well to:

Name **E. S. Oberly**

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

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
NUMBER OF COPIES RECEIVED		5
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