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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
PRODUCTION OFFICE	
OPERATOR	

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**  
(Place)

**April 2, 1963**  
(Date)

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

**El Paso Natural Gas Company**  
(Company or Operator)

**Piddle**  
(Name)

Well No. **2**

in

**NW**

**SW**

**14**

**L**  
Unit Letter

Sec. **3**

T. **30**

R. **9**

NMPM

**Blanco Mesa Verde**

Pool

**Re:Completed**

**San Juan**

County, Date Spudded

Date Drilling

~~1-25-63~~

**1-25-63**

Deviation **6047 G**

5203

Please indicate location:

**4531**

**Mesa Verde**

**4507**

**5190**

X

Tubing, Casing and Cementing Record

Size Feet Sigs

**9 5/8 174 125**

**7 4507 300**

**2 5190**

When and by whom installed

When and by whom installed

When and by whom installed

When and by whom installed

When and by whom installed

When and by whom installed

When and by whom installed

Remarks: **Perforated tubing at following depths 4669, 4611 & 4553.  
Turned back on production 1-25-63.**

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

Approved **APR 16 1963**

OIL CONSERVATION COMMISSION

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

Title **Supervisor Dist. # 3**

By:

**Charles E. Powell**  
Signature

Title **Production Engineer**

Send Communications regarding well to:

Name

