

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

Form C-104
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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 **3/22/60**

(Place) (Date)

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

El Paso Natural Gas Co.

Riddle

Well No. **3-D**

in **NW**

SW

(Company or Operator)

(Lease)

L Sec. **22** T. **31** R. **9** NMPM.

Blanco Mesa Verde Pool

Recompleted

San Juan

County Date Spudded

Date Drilling **3/21/60**

3/21/60

Please indicate location

elevation **6263 G**

Total Depth **5400**

Top Oil/Gas Pay **4809**

Name of Prod. Form. **Mesa Verde**

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

PRODUCING INTERVAL -

Perforations

Open Hole **X**

Depth **4826**

Depth **5381**

Oil Well Test -

Natural Prod. Tests: _____ bbls./day, _____ hrs. water in _____ hrs. min. Size _____

Test after Acid or Fracture Treatment (after recovery of volume of oil equal to volume of acid oil used): _____ bbls./day, _____ hrs. water in _____ hrs. min. Size _____

Gas Well Test -

Natural Prod. Tests: _____ 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**

Remarks: **Perforated tbg. at following depths 4851', 4863', 4895', returned to production 3/21/60**

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

Approved: **MAY 24 1960**, 19.

El Paso Natural Gas

(Company or Operator)

OIL CONSERVATION COMMISSION

By: **C. E. Powell** (Signature)

Title: **Production Engineer**

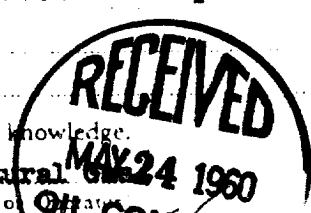
Send Communications regarding well to:

Name _____

Address _____

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

Title: **Supervisor Dist. # 3**



STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
AZUL DISTRICT OFFICE		
NUMBER OF COPIES RECEIVED		4
DISTRICT		
SANTA FE		1
FILE		1
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TRANSPORTER	OIL GAS	
PRORATION OFFICE		1
OPERATOR		1