

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

2-12-54

(Place)

(Date)

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

El Paso Natural Gas Company Pritchard, Well No. 2-1, in 1/4 NE 1/4,  
(Company or Operator) (Lease)

B, Sec. 34, T. 31N, R. 2W, NMPM, Blanco Pool  
(Unit)

San Juan County. Date Spudded 5-31-52, Date Completed 7-24-52

Please indicate location:

		X	

1130 N, 1850 E

## Casing and Cementing Record

Size Feet Sax

9-5/8	336	200
7	4507	300

Elevation 6040 G Total Depth 5272, P.B.

Top oil/gas pay 4600 Top of Prod. Form Mesaverde

Casing Perforations: None or

Depth to Casing shoe of Prod. String 4507

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 5,122 MCF/D

Size choke in inches

Date first oil run to tanks or gas to Transmission system:

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, 19

El Paso Natural Gas Company

Original Signed Schoel Schuleman

By: (Signature)

Petroleum Engineer

Title: Send Communications regarding well to:

Name: E. J. Coel

Address: Box 997, Farmington, New Mexico

OIL CONSERVATION COMMISSION

By:

Title: L. TRUETT, JR., DISTRICT MANAGER

OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
No. Copies Received	5	
By		
Date		
Mr. [Name]	2	
Mr. [Name]	1	
Mr. [Name]	1	
Mr. [Name]		
Mr. [Name]		
Mr. [Name]		
Mr. [Name]	1	✓