

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PROBATION 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 QUADRUPPLICATE 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.

Jal, New Mexico

April 5, 1963

(Place)

(Date)

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

El Paso Natural Gas Co. - Lusk Deep Unit

Well No. **3**, in **SW** 1/4 **NW** 1/4,

(Company or Operator)

(Lease)

E Sec. **20**

T. **19-S**, R. **32-E**, NMPM, **Lusk - Morrow** Pool

Unit Letter

Los

County. Date Spudded **7-22-61** Date Drilling Completed **10-10-61**

Please indicate location:

Elevation **3574.3** Total Depth **12,621'** PBD **12,468'**

Top Oil/Gas Pay **12,370** Name of Prod. Form. **Morrow**

PRODUCING INTERVAL -

Perforations **12,370 - 12,390**

Open Hole _____ Depth _____ Casing Shoe **12,439'** Depth _____ Tubing **12,345'**

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: **30,000** MCF/Day; Hours flowed **30** Choke Size **Various**

Method of Testing (pitot, back pressure, etc.): **back pressure test**

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. **Gas-run to tanks system Week of April 8, 1963**

Oil Transporter **Permian Corporation**

Gas Transporter **El Paso Natural Gas Company**

Remarks: **This is a dual completion between the Strawn and Morrow formations isolated by a production packer at 12,342'. This gas to be used in drilling in the El Paso Natural Gas Company Lusk Deep Unit No. 5**

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

Approved **April 5,** 19 **63**

El Paso Natural Gas Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: *Don D. Belme*
(Signature)

By: _____

Title: **Petroleum Engineer**

Send Communications regarding well to:

Title _____

Name: **El Paso Natural Gas Company**

Address: **P. O. Box 1384 - Jal, New Mexico**

1. What is the main purpose of the document?

2. What are the key findings of the study?

3. What are the implications of the study?

4. What are the limitations of the study?

5. What are the conclusions of the study?

6. What are the recommendations of the study?

7. What are the future research directions?

8. What are the references of the study?

9. What are the appendices of the study?

10. What are the acknowledgments of the study?

11. What are the contact details of the author?