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NEW MEXICO OIL CONSERVATION COMMISSION

(Form C-104)
Revised 7/1/57

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

HOBBS OFFICE OCC

New Well
Recompletion

1962 APR 6 AM 11:34

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
(Place)

April 6, 1962
(Date)

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

El Paso Natural Gas Co. Mescalero Ridge Unit, Well No. 2, in NW 1/4, NE 1/4,

(Company or Operator)

(Lease)

B

28

T 19S

R 34E

NMPM,

Undesignated

Pool

Unit Letter

Lea

County Date Spudded 10-12-61

Date Drilling Completed

1-7-62

Please indicate location:

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

Elevation 3720.5 GL

Total Depth 13,710

PBTD 13,170

Top Oil/Gas Pay 13,132

Name of Prod. Form. Morrow

PRODUCING INTERVAL -

Perforations 13,132-13,148

Open Hole None

Depth

Casing Shoe 13,587

Depth

Tubing 13,170

OIL WELL TEST -

Natural Prod. Test: bbls. oil, bbls water in hrs, min. 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. Size

GAS WELL TEST -

Natural Prod. Test: 1185 MCFPD MCF/Day; Hours flowed 25 Choke Size Variable

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): None

Casing Tubing Date first new
Press. Press. oil run to tanks 4-4-62

Oil Transporter McWood Corp.

Gas Transporter Southern Union 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 Co.

(Company or Operator)

By:

(Signature)

OIL CONSERVATION COMMISSION

By:

Title

Title Geologist

Send Communications regarding well to:

Name El Paso Natural Gas Co.

Address

Box 1384 Jal, N.M.