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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.

Albuquerque, N. M.
(Place)

8-16-63
(Date)

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

Chaco Oil Co. Santa Fe Prec R R, Well No. 28 (D-2), in SE 1/4, SE 1/4,
(Company or Operator) (Lease)
O Sec. 20, T. 20 N., R. 9 E., NMPM., Red Mountain Pool
Unit Letter

McInley

Please indicate location:

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

County. Date Spudded. 4-26-62 Date Drilling Completed 4-30-62
Elevation 6395 gr. Total Depth 955 PBD 455
Top Oil/Gas Pay 430 Name of Prod. Form. Menefee

PRODUCING INTERVAL -

Perforations
Open Hole 430-447 Depth Casing Shoe 430 Depth Tubing none

OIL WELL TEST -

Natural Prod. Test: 12 bbls. oil, 10 bbls water in 24 hrs, min. Size 2"
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): bbls. oil, bbls water in hrs, min. Size

GAS WELL TEST -

Natural Prod. Test: 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 Press. 0 Tubing Press. Date first new oil run to tanks 8-15-63
Oil Transporter Lamar Trucking
Gas Transporter

Remarks: Well number changed from D-2 to #28 Santa Fe

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

Approved _____, 19____ Chaco Oil Co.
(Company or Operator)

OIL CONSERVATION COMMISSION

Printed Signed By
By: _____

Title _____

By: _____
(Signature)

Title CoOwner
Send Communications regarding well to:
Name H S Birdseye, Box 8294, Albuquerque, N.M.
Address