

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.

Denver, Colorado

June 15, 1962

(Place)

(Date)

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

Shar-Alan Oil Company **Jicarilla** **Lease** **156**, Well No. **1A**, in **NE** $\frac{1}{4}$ **NE** $\frac{1}{4}$,
(Company or Operator) (Lease)

A, Sec. **1**, T. **23N**, R. **2W**, NMPM, **Undesignated** Pool

Unit Letter
Rio Arriba

County. Date Spudded **12-28-61**

Date Drilling Completed **1-3-62**

Please indicate location:

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

Elevation **7539** Total Depth **3310** PBTD

Top ~~XXX~~ Gas Pay **3259** Name of Prod. Form. **Pictured Cliffs**

PRODUCING INTERVAL -

Perforations **3262-3272**

Open Hole Depth **3300** Casing Shoe **3272** Depth **3272** Tubing

OIL WELL TEST -

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

Test After ~~XXXXX~~ Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	94'	60.
4 1/2"	3305	100.
1"	3272	

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

Test After ~~XXXXX~~ Fracture Treatment: **2406** MCF/Day; Hours flowed **3 hr**

Choke Size **3/4"** Method of Testing: **Back Pressure**

~~XXXXX~~ Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **30,000 # sand and 34,706 gallons water**

Casing **767#** Tubing **767#** Date first new **767#** oil run to tanks

Oil Transporter _____

Gas Transporter **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 **JUN 18 1962**, 19____

OIL CONSERVATION COMMISSION

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

Title **Supervisor Dist. # 3**

Shar-Alan Oil Company
(Company or Operator)

By: _____

Richard S. Hunt (Signature)

Title **Manager of Lands & Explorations**

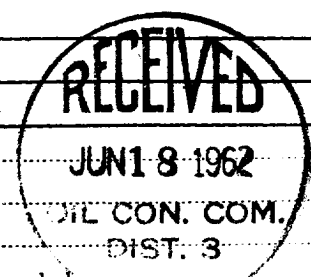
Send Communications regarding well to:

Shar-Alan Oil Company

Name **1402 Denver U. S. National Center**

Denver 2, Colorado

Address _____



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