

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.

Farmington, New Mexico 9-18-57
(Place) (Date)

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

El Paso Natural Gas Company Abraham, Well No. 1-C, in SW $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)

G, Sec. 15, T. 30 N, R. 6 W, NMPM., Blanco Pool
Unit Letter

Rio Arriba County. Date Spudded 6-16-57 Date Drilling Completed 7-27-57
Elevation 6209 (G) Total Depth 5665 ~~PDB~~ C/O 5527

Please indicate location:

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

1600 N, 1600 E

Top Oil/Gas Pay 5122(Perf) Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL -

Perforations 5122-5140, 5164-5190, 5310-5326, 5362-5384, 5428-5458,
Open Hole None Depth 5663' Depth 5483-5502
Casing Shoe 5663' Tubing 5541

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 Choke
load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4"	161	150
7 5/8"	3328'	250
5 1/2"	5653	300
2"	5534	---

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

Test After Acid or Fracture Treatment: 4448 MCF/Day; Hours flowed 3

Choke Size 3/4 Method of Testing: Calculated A O F

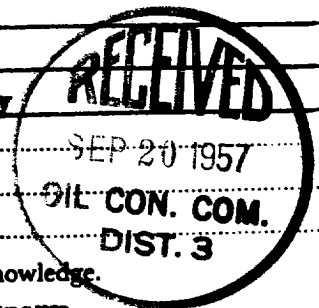
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 113,000 gal. water, 110,000# Sand

Casing 626 Tubing _____ Date first new
Press. _____ 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: SEP 20 1957, 19

El Paso Natural Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed D. C. Johnston
(Signature)

By: Original Signed Emery C. Arnold

Title: Petroleum Engineer
Send Communications regarding well to:

Title Supervisor Dist. # 3

Name: E. S. Oberly

Address: Box 997-Farmington, New Mexico