

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.

Artec, N. Mex. 4/10/62
(Place) (Date)

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

Jacob I. Smith, Trustee Sate, Well No. 2, in NE $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

K, Sec. 2, T. 23 N., R. 7 W., NMPM., Undesignated Gallup Pool
Unit Letter

Rio Arriba County. Date Spudded 11/16/61 Date Drilling Completed 11/28/61

Please indicate location:

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

Elevation 6903 Total Depth 5510 PBTD 5496

Top Oil/Gas Pay 5050 Name of Prod. Form. Gallup

PRODUCING INTERVAL -

Perforations 5301 - 5335, 5423 - 5446

Open Hole _____ Depth _____ Casing Shoe 5496 Depth _____ Tubing _____

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): 38 bbls. oil, 0 bbls water in 24 hrs, - min. Size _____

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8-5/8</u>	<u>205</u>	<u>125</u>
<u>4 1/2</u>	<u>5496</u>	<u>200</u>
<u>2</u>	<u>5379</u>	<u>-</u>

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

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

Choke Size _____ Method of Testings: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): SOF Perfs 2/38, 430 GO, 30,000 #20-40 SD (2 stages)

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks Jan. 26, 1962

Oil Transporter El Paso Natural Gas Products Co.

Gas Transporter _____

Remarks: _____

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

Approved APR 12 1962, 19____

Jacob I. Smith APR 12 1962
(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed by W. B. Smith

By: B. H. Keyes (Signature)

Title: Agent
Send Communications regarding well to:

Title DEPUTY OIL & GAS INSPECTOR DIST. NO. 3

Name: B. H. Keyes

Address: Box 842, Artec, N. Mex.

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OIL CONSERVATION COMMISSION	
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