

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.

SANTA FE, N.M.

NOVEMBER 4 1959

(Place)

(Date)

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

(O.B. HARVEY NO. 1)

C. B. Harvey

, Well No. NO 1, in. S.E. 1/4. N.E. 1/4.

(Company or Operator)

(Lease)

Section 33, T18N, R2N, NMPM, WILDCAT Pool

Unit Letter

BANDOVAL

Please indicate location:

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

County. Date Spudded OCT 14 1959 Date Drilling Completed OCT 15, 1959

Elevation 6607.6 Total Depth 335 PBD

Top Oil/Gas Pay 345 Name of Prod. Form. Hosta 4

PRODUCING INTERVAL -

Perforations

Open Hole Depth 330' Casing Shoe TEXAS Tubing 340'

OIL WELL TEST -

Natural Prod. Test: 5 bbls. oil, 5 bbls water in 12 hrs, 0 min. Size 10 bbls

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: 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 Tubing Date first new Press. oil run to tanks 2-1-60

Oil Transporter BARLOWE TRUCKING INC. EL PASO NATURAL GAS PROD.CO.

Gas Transporter

Remarks:

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

Approved November 4 FEB 8 1960

J. I. HARVEY OPERATOR

(Company or Operator)

By: J. I. Harvey

(Signature)

Title

Send Communications regarding well to:

439 Camino Del Monte Sol

Name Santa Fe, N.M.

Address

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

172. INFORMATION CONTINUATION		
1. NAME OF THE PARTY	5	
2. ADDRESS		
3. CITY		
4. STATE		
5. ZIP CODE		
6. PHONE NUMBER	2	
7. FAX NUMBER	1	
8. E-MAIL ADDRESS	1	
9. OTHER INFORMATION		
10. SIGNATURE		
11. DATE	1	✓