

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

10-13-58

(Place)

(Date)

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

Val R. Reese & Associates, Inc.

Brown

Well No. 1-24

in NW

1/4 SE

1/4

(Company or Operator)

(Lease)

J

Sec. 24

T. 24N

R. 7W

NMPM., Esorito Exten.

Pool

Unit Letter

Rio Arriba

County. Date Spudded. 8-4-58

Date Drilling Completed 8-25-58

Please indicate location:

Elevation 6652 G.L.

Total Depth 5623 PBD

Top Oil/Gas Pay 5246

Name of Prod. Form. Gallup

PRODUCING INTERVAL -

Perforations 5246 - 5520

Open Hole

Depth

Casing Shoe 5616'

Depth

Tubing 5515'

OIL WELL TEST -

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

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. Choke 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>226.15</u>	<u>125</u>
<u>5-1/2"</u>	<u>5605.78</u>	<u>150</u>
<u>2-3/8"</u>	<u>5515</u>	

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

Test After Acid or Fracture Treatment: 1867 AOF MCF/Day; Hours flowed 3

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

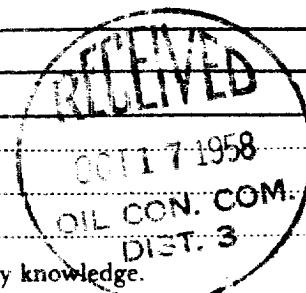
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1000 gal. acid 58,364 Gal. oil 60,000# 20-40 ad

Casing Tubing Date first new
Press. 1248 Press. 1247 oil run to tanks

Oil Transporter _____

Gas Transporter _____

Remarks: _____



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

Approved OCT 17 1958, 19____

Val R. Reese & Associates, Inc.

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____ Original signed by T. A. Dugan
(Signature)

By: Original Signed Emery C. Arnold

Title: Consulting Engineer

Send Communications regarding well to:

Title Supervisor Dist. # 3

Name: Val R. Reese & Associates, Inc.

Address: 120 So. Commercial
Farmington, New Mexico

OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
No. Copies Received <u>4</u>		
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	NO. FURNISHED	
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Asst. Op.	<u>1</u>	
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State Engineer		
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Transporter		
File	<u>1</u>	<input checked="" type="checkbox"/>