

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.

Bakersfield, California

December 15, 1960

(Place)

(Date)

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

INTEX OIL COMPANY

Bajo

, Well No. # 1

, in SE

1/4

NW

1/4

(Company or Operator)

(Lease)

F, Sec. 9, T. 26 N, R. 1 E., NMPM., Puerto Chiquito - Gallup Pool

Unit Letter

Rio Arriba

County. Date Spudded

Date Drilling Completed

Please indicate location:

Elevation 7057'

Total Depth 2357'

PBTD

Top Oil/Gas Pay 2340'

Name of Prod. Form. Niagara - Gallup

PRODUCING INTERVAL -

Perforations

Open Hole 2323 to 2357

Depth

Casing Shoe 2323

Depth

Tubing 2324

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 load oil used): 101 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 Sx

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): 25,000 lbs sand + 970 bbl. crude oil.

Casing _____ Tubing _____ Date first new

Press. 1200 Press. _____ oil run to tanks 12/12/60

Oil Transporter Transwestern Tankers, Inc.

Gas Transporter _____

Remarks:

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

Approved DEC 22 1960 12-22, 1960

INTEX OIL COMPANY

(Company or Operator)

By: H.O. Miller

(Signature)

Title Petroleum Engineer

Send Communications regarding well to:

Name Same as above.

Address _____

OIL CONSERVATION COMMISSION

By: Emery L. Anderson

Title Supervisor Dist. # 3

