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# NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

## REQUEST FOR (OIL) - (GAS) ALLOWABLE

(Form C-104)  
Revised 7/1/57  
ICE O  
New Well  
Completion

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 Springs, Calif.

8/31/64

(Place)

(Date)

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

**Socony Mobil Oil Co., Inc. Jicarilla "G"**

Well No. **5**, in **NW**  $\frac{1}{4}$  **SE**  $\frac{1}{4}$ ,

(Company or Operator)

(Lease)

**J**, Sec. **8**, T. **26 N**, R. **3 W**, NMPM, **Tapacito** Pool

Unit Letter

**Rio Arriba**

County. Date Spudded **7/5/64**

Date Drilling Completed **7/11/64**

Please indicate location:

Elevation \_\_\_\_\_ Total Depth \_\_\_\_\_ PBD \_\_\_\_\_

Top Oil/Gas Pay **3761** Name of Prod. Form. **Pictured Cliffs**

PRODUCING INTERVAL - **3761, 3769, 3800, 3802, 3804, 3806, 3808, 3812,**

Perforations **3816, 3818, 3824** Total 24 Holes

Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Casing Shoe **3929** Depth \_\_\_\_\_ Tubing **3720**

### 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 load oil used): \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_ Choke

### 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: **6295** MCF/Day; Hours flowed **3**

Choke Size **0.750** Method of Testing: **Multi-Point Back Pressure Test**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **73,640 Gal. Water & 100,000 20-40 Sand**

Casing Press. **1040** Tubing Press. **1020** Date first new oil run to tanks **Waiting on Connection**

Oil Transporter **La Mar Trucking, Inc.**

Gas Transporter **El Paso Natural Gas Co.**

Remarks: \_\_\_\_\_

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

Approved **SEP 17 1964**, 19\_\_\_\_

**Socony Mobil Oil Company, Inc.**

(Company or Operator)

OIL CONSERVATION COMMISSION

Original Signed **Emery C. Arnold**

By: \_\_\_\_\_

Title **Supervisor Dist. # 3**

Dist: **NDCC(4), NMB File(1) Pm.(1)**

By: \_\_\_\_\_ (Signature)

Title **District Engineer**

Send Communications regarding well to:

Name **F.M. Burback**

Address **10737 South Shoemaker Ave. Santa Fe Springs, Calif.**

