

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.

Midland, Texas

8-8-60

(Place)

(Date)

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

Honolulu Oil Corporation Jicarilla Apache, Well No. 4, in NE $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

K Sec. 4, T. 26 N, R. 4 W, NMPM, Tapacito - Pictured Cliff Pool
Unit Letter

Rio Arriba

County. Date Spudded 6-10-56 Date Drilling Completed 9-19-56
Elevation 7181' Total Depth 4045 PBTD None

Please indicate location:

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

Top ~~Oil~~/Gas Pay 3945 Name of Prod. Form. Pictured Cliff

PRODUCING INTERVAL -

Perforations 3945 to 3970

Open Hole _____ Depth _____ Casing Shoe 4031' 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
load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____
Choke

GAS WELL TEST -

Natural Prod. Test: None taken 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. _____ Press. _____ oil run to tanks

Oil Transporter _____

Gas Transporter Southern Union Gas Company

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8 5/8</u>	<u>410</u>	<u>235</u>
<u>5 1/2</u>	<u>4037</u>	<u>300</u>

Remarks: _____

Attached is a summary of work performed during this recompletion.

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved AUG 11 1960, 19____

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold
Supervisor Dist # 3
Title _____

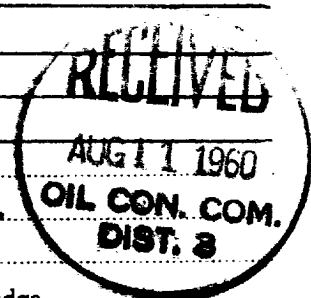
Honolulu Oil Corporation
(Company or Operator)

By: JB Evans
(Signature)

Title: Division Gas Engineer
Send Communications regarding well to:

Name: Honolulu Oil Corporation

Address: Drawer 1391, Midland, Texas



Recompletion Work on Honolulu Oil Corporation Jicarilla Apache #4 PC

6/26/60

- (a) Remove 1" tubing
- (b) Re-installed 1" tubing with 10 - 1" Camco mandrel and valves spaced as follows:

	<u>Depth, feet</u>
1	1300.92
2	1570.48
3	1839.87
4	2076.38
5	2345.76
6	2616.94
7	2854.35
8	3110.34
9	3378.42
10	3708.04

- (c) Tubing set at 3888.38

RECEIVED
JUN 27 1960
HONOLULU
HONOLULU OIL CORPORATION
JICARILLA APACHE #4 PC
RECOMPLETION WORK
6/26/60
1300.92
1570.48
1839.87
2076.38
2345.76
2616.94
2854.35
3110.34
3378.42
3708.04
3888.38

1. Name of the person or persons who have been designated as the representative of the State of New Mexico for the purpose of receiving the copies of the report of the investigation of the accident.

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STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
ALBUQUERQUE DISTRICT OFFICE		
NUMBER OF COPIES RECEIVED		4
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U.S.S.		1
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TRANSPORTER	OIL	1
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PRODUCTION OFFICE		1
OPERATOR		1