

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.

Albuquerque, New Mexico

12-24-58

(Place)

(Date)

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

Johnston-Shear

26-3

Well No. **1-3**, in **SE** $\frac{1}{4}$ **NE** $\frac{1}{4}$,

(Company or Operator)

(Lease)

Undesignated PC

H Sec. **3**, T. **26N**, R. **3W**, NMPM., Pool

Unit Letter

Rio Arriba

County **11-5-58**

Date Drilling Completed **11-28-58**

Elevation **7054 ungr grad**

Total Depth **6077** PBDT **6069**

Please indicate location:

Top Oil/Gas Pay **3706**

Name of Prod. Form. **Pictured Gliffs**

PRODUCING INTERVAL -

Perforations **3706-18, 3731-33, 3754-76, 3796-3800**

Open Hole _____ Depth **3888.69** Depth Casing Shoe **3749**

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 Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Size
9-5/8	126	100
7	3875.69	200
5	2246.2	200
1 1/2	3740	

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

Test After Acid or Fracture Treatment: **675** MCF/Day; Hours flowed **3**

Choke Size **3/4** Method of Testing: **Back pressure**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **40,000 gals water w/1# ed/gal**

Casing _____ Tubing _____ Date first new Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter **Pacific Northwest Pipeline Corporation**

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge. **DIST. 3**

Approved **DEC 29 1958**, 19____

Johnston-Shear

(Company or Operator)

OIL CONSERVATION COMMISSION

By: **Original Signed Emery C. Arnold**

Title **Supervisor Dist. # 3**

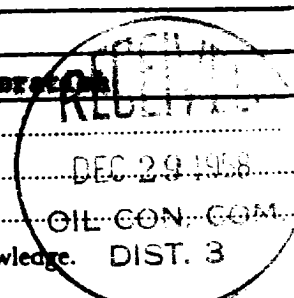
By: **RAY PHILLIPS** **Ray Phillips**
(Signature)

Title **Representative**

Send Communications regarding well to:

Name **W.L. Johnston**

Address **3010 Monte Vista Blvd, Albuquerque, N.M.**



OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
No. Copies Received		5
DISTRIBUTION		
Operator	✓	
Sanitary	/	
Equipment	/	
State Land Office		
U. S. G. S.		
Transporter		
File	/	✓