

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR ~~(Oil)~~ (GAS) ALLOWABLE

New Well
~~Reservoir~~

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 November 6, 1957
(Place) (Date)

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

Wofford Cain

Hughes

Well No. 4-30, in NW $\frac{1}{4}$ SE $\frac{1}{4}$,

(Company or Operator)

(Lease)

J

Sec. 30

T. 26N

R. 7W

NMPM.,

Ballard

Pool

Unit Letter

Rio Arriba

County. Date Spudded 8-14-57

Date Drilling Completed 9-27-57

Please indicate location:

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

Elevation 6341 IF Total Depth 2329 PBD 2308

Top Oil/Gas Pay 2180 Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 2187-2211 and 2260-2280

Open Hole _____ Depth _____ Casing Shoe 2329 Depth _____ Tubing 2216

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

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: AOF 695 MCF MCF/Day; Hours flowed 3

Choke Size 3/4 Method of Testing: Calculated A.O.F.

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 1st Treatment - 51,600 gals. Water 50,000# sand

Casing 725 Tubing 725 Date first new _____
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter El Paso Natural Gas Company

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8 5/8"</u>	<u>105'</u>	<u>90</u>
<u>5 1/2"</u>	<u>2326</u>	<u>100</u>
<u>1"</u>	<u>2216</u>	

Remarks: 2nd Treatment - 40,698 gallons Water 38,000 lbs. sand, 125 Rubber Balls

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

Approved _____, 1957

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

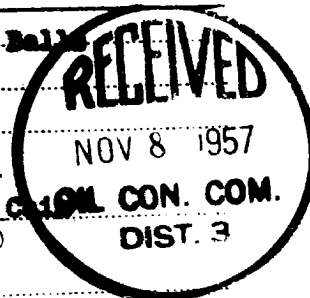
Title Supervisor Dist. # 3

By: Joe C. Salmon
(Signature)

Title Representative for Wofford Cain
Send Communications regarding well to:

Name Joe C. Salmon

Address Box 786, Farmington, New Mexico



No. Copies Received

100-443887-100

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10. **Answer: C** — The patient has a low-grade fever, tachypnea, tachycardia, and hypoxemia. The chest exam is normal. The patient is not in respiratory distress. The most likely cause of these findings is a pulmonary embolism. The patient is not in respiratory distress, so a pneumonia or asthma exacerbation is less likely. A pleural effusion would cause a decreased breath sound on the affected side. A pneumothorax would cause a hyperresonant chest exam on the affected side.