

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.

.....AZTEC, NEW MEXICO.....NOVEMBER 12, 1959.....  
(Place) (Date)

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

.....GRIFFITH MOORE.....NAVAJO.....Well No. ....1....., in.....SW.....1/4.....SW.....1/4.....  
(Company or Operator) (Lease)  
.....M....., Sec. 3....., T. 26N....., R. 11W....., NMPM., WEST KUTZ P.C.....Pool  
Unit Letter

Please indicate location:

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

.....County. Date Spudded. 8-2-55..... Date Drilling Completed 9-3-55.....

Elevation 6357 DE Total Depth 1860 PBD

Top Oil/Gas Pay 1784 Name of Prod. Form. PICTURED CLIFFS

PRODUCING INTERVAL -

Perforations

Open Hole 1794 - 1860 Depth Casing Shoe Depth Tubing 1" 1850

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 \_\_\_\_\_

Tubing, Casing and Cementing Record

Size	Feet	Sax
9 5/8	87	100
5 1/2	1794	100
1"	1850	

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

Test After Acid or Fracture Treatment: 112 MCF/Day; Hours flowed 3

Choke Size 3/4 Method of Testing: CHOKE TEST

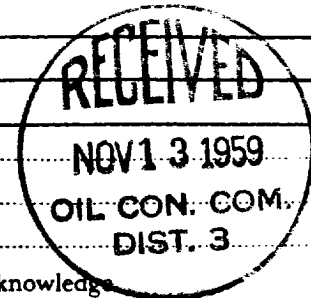
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): \_\_\_\_\_

Casing Press. 431 Tubing Press. \_\_\_\_\_ Date first new oil run to tanks \_\_\_\_\_

Oil Transporter \_\_\_\_\_

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. NOV 2 1959, 19.....

..... (Company or Operator)

OIL CONSERVATION COMMISSION

By: ..... (Signature)

Title. AGENT

Send Communications regarding well to:

Name. GELECTRIC, INC.

Address. BOX 842 AZTEC, NEW MEXICO

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

OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
No. Copies Received <u>4</u>		
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Transporter		
File	<u>1</u>	<input checked="" type="checkbox"/>