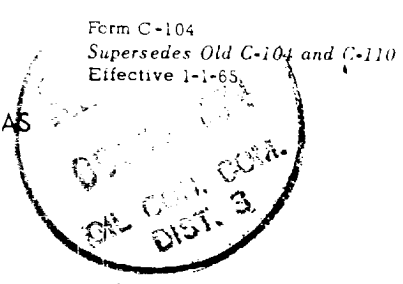


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DISTRIBUTION
SANTA FE 1
FILE 1 ✓
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL
GAS 1
OPERATOR 2
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



I. Operator
William C. Russell
Address
1775 Broadway New York, New York 10019
Reasons for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Elevation 5006 GR.
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name Hammond Well No. 52 Pool Name, including Formation Chacra Kind of Lease NM-03603-A
State, Federal or Fee Fed
Location
Unit Letter G 1800 Feet From The North Line and 1650 Feet From The East
Line of Section 26 Township 27 N Range 8 W NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil or Condensate -none- Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas El Paso Natural Gas Company El Paso, Texas
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When No

If this production is commingled with that from any other lease or pool, give commingling order number:
IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Dist. Res'v.
Whipstocked 6-12-73 11-5-73 Whipstocked 4720' 3300'
Pool Wildcat Name of Producing Formation Chacra Top Oil/Gas Pay 3070' Tubing Depth 3075'
Perforations 3070-80 Depth Casing Shoe 4710'
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
6 1/2 4 1/2 4710' 1550 circulated
1 1/2 3075'

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
1,394 3 hours
Testing Method (pilot, back pr.) Tubing Pressure Casing Pressure Choke Size
back pr 1125 1137 3/4"

VI. CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
William C. Russell
Operator
10-29-74
APPROVED NOV 23 1974
BY Original Signature
SUPERVISOR DIST. #3
TITLE
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.