

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.

Farmington, New Mexico August 29, 1957
(Place) (Date)

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

El Paso Natural Gas Company Abraham, Well No. 3, in SW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

M 13 30W 6W NMPM. Blanco Pool
Unit Letter Sec. T. R. NMPM. Blanco Pool

Rio Arriba County. 6-17-57 7-8-57
Date Spudded Date Drilling Completed

Please indicate location:

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

10906. 990W

Tubing, Casing and Cementing Record

Size	Feet	Sax
10 3/4	161	200
7 5/8	3300	250
5 1/2	5464	300
2"	5410	-

Elevation 6171 (G) Total Depth 5480' ~~M.C.O.~~ 5453'

Top Oil/Gas Pay 5042 (Perf.) Name of Prod. Form. Mesa Verde

PRODUCING INTERVAL -
5322-5344, 5408-5418, 5430-5440, 5042-5068,

Perforations 5106-5134, 5254-5266, 5292-5312

Open Hole None Depth 5474 Casing Shoe 5423' Depth 5423' 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 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: 4391 MCF/Day; Hours flowed 3

Choke Size 3/4 Method of Testing: Calculated AOF

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 118,000 gal. water, 118500# sand

Casing 1157 Tubing 1154 Date first new oil run to tanks

Oil Transporter _____

Gas Transporter El Paso Natural Gas Company

Remarks: _____

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

Approved AUG 30 1957, 19____

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

El Paso Natural Gas Company
(Company or Operator)

Original Signed D. C. Johnson

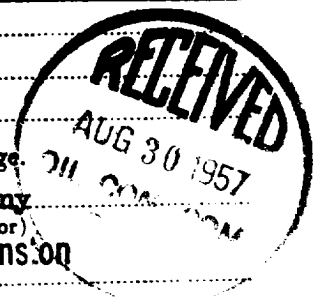
By: _____
(Signature)

Title Petroleum Engineer

Send Communications regarding well to:

Name E. J. Coal

Address Box 997, Farmington, New Mexico



OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
No. Copies Received <u>5</u>		
DISTRIBUTION		
	NO. FURNISHED	
Operator	<u>2</u>	
Santa Fe	<u>1</u>	
Proration Office	<u>1</u>	
State Land Office		
U S G S		
Transporter		
File	<u>1</u>	<input checked="" type="checkbox"/>