

**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**

**6-9-60**

(Place)

(Date)

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

**Key Kimbell**

**Hartman Bloomfield Unit**

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

(Company or Operator)

(Lease)

**P**

Sec. **22**

T. **29N**

R. **11W**

NMPM, **Undesignated Dakota**

Pool

Unit Letter

**San Juan**

County. Date Spudded **3-13-60**

Date Drilling Completed **4-25-60**

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	<b>x P</b>

Elevation **5444 BW** Total Depth **6310** PBDT **6304**

Top Oil/Gas Pay **6067** Name of Prod. Form. **Dakota**

PRODUCING INTERVAL -

Perforations **6072-80, 6088-99, 6148-70, 6186-92, 6220-34, 6260-74**

Open Hole **-** Depth **6305** Depth Casing Shoe **6232** 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 load oil used): \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Size \_\_\_\_\_ Choke

GAS WELL TEST -

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

Method of Testing (pitot, back pressure, etc.) **6499 IP**

Test After Acid or Fracture Treatment: **8468 AOF** MCF/Day; Hours flowed **3**

Choke Size **3/4"** Method of Testing: **Multi-point back pressure**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **60,000# sand, 2,000 barrels water**

Casing **2095** Tubing **2093** Date first new Press. **1137** Press. **504** oil run to tanks

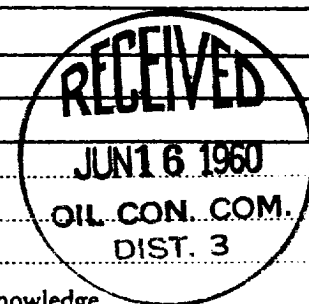
Oil Transporter **Plateau, Inc.**

Gas Transporter

**Tubing, Casing and Cementing Record**

Size	Feet	Sax
<b>9-5/8</b>	<b>404</b>	<b>300</b>
<b>4-1/2</b>	<b>6310</b>	<b>350</b>
<b>2-3/8</b>	<b>6232</b>	

Remarks:



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

Approved **JUN 16 1960**, 19.

**Key Kimbell**

(Company or Operator)

**OIL CONSERVATION COMMISSION**

**Original Signed Emory C. Armon**

By:

By: **Ben Donagan** (Signature)

**Geologist**

Title

Send Communications regarding well to:

Name **Ben Donagan**

Address **2127 San Mateo N.E. Albuquerque, New Mexico**

Title **Supervisor Dist. 3**

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
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