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**NEW MEXICO OIL CONSERVATION COMMISSION**  
Santa Fe, New Mexico  
**REQUEST FOR (OIL) - (GAS) ALLOWABLE**

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

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 N M**.....**5 6 61**.....  
(Place) (Date)

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

**roya 1 DEVELOPMENT CO** **SHIPROCK 17**, Well No. **J 6**, in **NW**  $\frac{1}{4}$  **SE**  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)  
**J** Unit, Sec. **17**, T. **20N**, R. **18 W**, NMPM., **SHIPROCK GALLUP** Pool

**SAN JUAN** County. Date Spudded **4 30 61** Date Drilling Completed **4 30 61**  
Elevation **5207** **OL** Total Depth **92'** PBTD

Please indicate location:

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

Top Oil/Gas Pay **72'** Name of Prod. Form. **Gallup**

PRODUCING INTERVAL - **72'-78'**

Perforations

Open Hole **72-92'** Depth Casing Shoe **72'** Depth Tubing **74**

OIL WELL TEST - **at rate of**

Natural Prod. Test: **5** bbls. oil, **0** bbls water in **24** hrs, **min.** Choke Size **min.**

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **min.** bbls. oil, **min.** bbls water in **min.** hrs, **min.** Choke Size **min.**

GAS WELL TEST -

Natural Prod. Test: **min.** MCF/Day; Hours flowed **min.** Choke Size **min.**

Method of Testing (pitot, back pressure, etc.): **min.**

Test After Acid or Fracture Treatment: **min.** MCF/Day; Hours flowed **min.**

Choke Size **min.** Method of Testing: **min.**

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

Casing Press. **0** Tubing Press. **0** Date first new oil run to tanks **5 1 61**

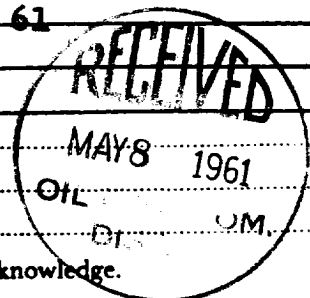
Oil Transporter **M & H TRUCKING CO**

Gas Transporter **min.**

(FOOTAGE)  
Tubing, Casing and Cementing Record

Size	Feet	Sax
<b>5 1/2</b>	<b>72'</b>	<b>5</b>

Remarks: **WELL IS JOINT WELL ON FORTY ACRES J UNIT**



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

Approved.....**5 6 61**....., 19..... **ROYAL DEVELOPMENT CO**  
(Company or Operator)

OIL CONSERVATION COMMISSION

By: **Original Signed Emery C. Arno**

Title **Supervisor Dist. # 3**

By: **C. F. Stringer**  
(Signature)

Title **PROD. SUPT.**  
Send Communications regarding well to:

Name **BOX 1299 ALBUQUERQUE N M**

Address.....

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
TOLSON DISTRICT OFFICE		
FEDERAL OFFICES REQUIRED		
COUNTY OF _____		
TRANSPORTER	OIL	
PRODUCER	PRODUCER	
OPERATOR	OPERATOR	