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LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

REQUEST FOR (OIL) - (GAS) ALLOWABLE

4-NMCC
1-Devonian
2-StandofTex
1-Texas Eastern

1-Christmann-Markham
1-StandofTexas-Monahans
1-Redfern & Herd

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 QUADRUPPLICATE 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, N.M.

1-11-61

(Place)

(Date)

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

Redfern & Herd, Inc.
(Company or Operator)

Standard
(Lease)

Well No. 1, in NW 1/4 SE 1/4,

Unit Letter J, Sec. 4, T. 29N, R. 12W, NMPM., Basin Pool

San Juan

County. Date Spudded 11-3-60

Date Drilling Completed 11-30-60

Please indicate location:

Elevation 5782 Total Depth 6600 PBD 6570

Top Oil/Gas Pay 6356 Name of Prod. Form. Dakota

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

PRODUCING INTERVAL -

Perforations 6356-74, 6436-67, 6479-87, 6502-10

Open Hole None Depth Casing Shoe 6600 Depth Tubing 6479

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

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: 2680 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: one point back pressure

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

Casing Press. 2041 Tubing Press. 1672 Date of test 1-3-61

Oil Transporter _____

Gas Transporter _____

(FOOTAGE)
Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8	2365	175
4 1/2	6600	300
1 1/2	6479	

Remarks: CAOP - 3653

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

Approved JAN 16 1961, 19

Redfern & Herd, Inc.
(Company or Operator)

By: [Signature]
(Signature)

Title: Consulting Engineer

Name: Redfern & Herd, Inc.

Address: Box 1747, Midland, Texas

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3



