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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.

Farmington, New Mexico April 30, 1962
(Place) (Date)

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

Grossman Petrus Associate Well No. 1 in SW 1/4 SW 1/4,
(Company or Operator) (Lease)
B Sec. 3 T. 29N R. 16W, NMPM, Undesignated Pool
Unit Letter

San Juan County. Date Spudded 7-16-60 Date Drilling Completed 12-18-60
Elevation 5102 Total Depth 3576 PBD 3544
Please indicate location:

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

Top Oil/Gas Pay 3519 Name of Prod. Form. Callup
PRODUCING INTERVAL -
Perforations 3542' w/4 shots, 3537 1/2' w/4 shots, 3531 1/2' w/4 shots
Open Hole Depth 3573 Casing Shoe 3573 Tubing 3528

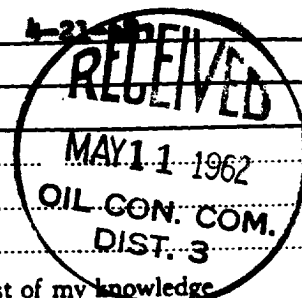
OIL WELL TEST -
Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 4.72 bbls. oil, 4.72 bbls water in 2 1/2 hrs, _____ min. Choke Size 2 1/2

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: _____ MCF/Day; Hours flowed _____
Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 93000 sand, 16,000 gal oil

Casing Press. 44 Tubing Press. 0 Date first new oil run to tanks 4-21-62
Oil Transporter Pyramid oil Inc.
Gas Transporter _____

Remarks: _____



I hereby certify that the information given above is true and complete to the best of my knowledge
Approved MAY 11 1962, 19____ Grossman Petrus Associate
(Company or Operator)

OIL CONSERVATION COMMISSION
By: Original Signed Emery C. Arnold
Title Supervisor Dist. # 3

By: Lennie Kramer
(Signature)
Title Agent
Send Communications regarding well to:
Name Lennie Kramer
P.O. box 1064, Farmington, New Mexico
Address _____