

**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 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.

.....1-19-61.....  
(Place) (Date)

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

J.R. Abraham Federal Well No. 6-X, in NE  $\frac{1}{4}$  SE  $\frac{1}{4}$  SE  
(Company or Operator) (Lease)  
P Sec. 30-N, T. 16-W, NMPM, Horseshoe Pool  
Unit Letter

San Juan County. Date Spudded Oct-28-60 Date Drilling Completed Dec-29-60  
Elevation 5397 Total Depth 1491 PBTD  
Please indicate location:

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

40

**Tubing, Casing and Cementing Record**

Size	Feet	Sax
10-3/4	30	4
5-1/2	1473	100
2	1440	

Top Oil/Sec Pay 1366 Name of Prod. Form. Gallup

PRODUCING INTERVAL -

Perforations 1366-1416, 1431-1445

Open Hole Depth 1473 Casing Shoe 1473 Depth 1440 Tubing

OIL WELL TEST -

Natural Prod. Test: None 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): \_\_\_\_\_ bbls.oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Choke 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: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_

Choke Size \_\_\_\_\_ Method of Testing: \_\_\_\_\_

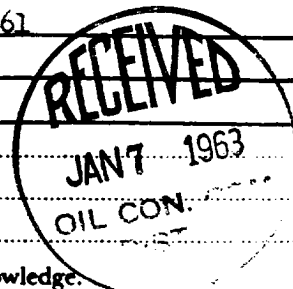
Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 72,000 lb sand, 40,000 gallons oil

Casing Tubing Date first new Press. \_\_\_\_\_ oil run to tanks Jan-61

Oil Transporter El Paso Products

Gas Transporter \_\_\_\_\_

Remarks: \_\_\_\_\_



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

Approved W.B. Smith 7.1963, 19. J.R. Abraham  
(Company or Operator)

**OIL CONSERVATION COMMISSION**

By: Oscar Abraham  
(Signature)

Title \_\_\_\_\_

Send Communications regarding well to:

Name Oscar Abraham

Address 224-1st National Bank Bldg. Alt. N.M.

By: Original Signed by W. B. Smith

Title DIST. NO. 3

STATE OF NEW YORK					
OFFICE OF THE ATTORNEY GENERAL					
ALBANY OFFICE					
NUMBER OF CASES RECEIVED <b>86</b>					
<b>TRANS-FERRED</b>					
<b>DIVISION</b>					
<b>CAS.</b>					
<b>PROMOTION SERVICE</b>					
<b>OPERATOR</b>					