

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.

Farlington, New Mexico
(Place)

7-15-57
(Date)

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

TOM BOLACK

(Company or Operator)

BOLACK

(Lease)

Well No. 5, in SE $\frac{1}{4}$ NW $\frac{1}{4}$,

4, Sec. 4, T. 36N, R. 16W, NMPM., Unnamed Pool

San Juan

County. Date Spudded 7-5-57

Date Drilling Completed 7-8-57

Please indicate location:

Elevation 5321 Total Depth 1251 PBD 1235

Top Oil/Gas Pay 1090 Name of Prod. Form. Gallup-Tosito

PRODUCING INTERVAL -

Perforations 1090-1143, 1185-1230

Open Hole Depth 1251 Casing Shoe 1229 Depth Tubing 1229

OIL WELL TEST -

Natural Prod. Test: 120 bbls. oil, _____ bbls water in 3 hrs, _____ min. Choke Size Gas.

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 216 bbls. oil, _____ bbls water in 3 hrs, _____ min. Choke Size Gas.

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): 1,370 barrels of oil and 60,000# sand

Casing Tubing Date first new July 12th, 1957
Press. _____ oil run to tanks

Oil Transporter El Paso Natural Gas Products Co.

Gas Transporter _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8-5/8"</u>	<u>98</u>	<u>80</u>
<u>5-1/2"</u>	<u>1244</u>	<u>75</u>
<u>2-3/8"</u>	<u>1222</u>	<u>-</u>

Remarks: _____

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

Approved JUL 16 1957, 19

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

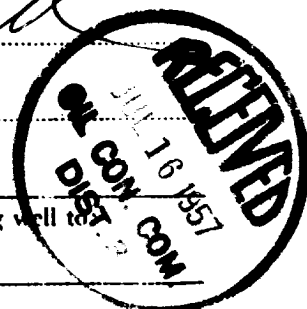
Title Supervisor Dist. # 3

By: _____
(Signature)

Title _____
Send Communications regarding well to _____

Name Tom Bolack

Address 1010 N. Dustin, Farlington, N. Mex.



OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
No. Copies Received		4
DISTRIBUTION		
	NO. FURNISHED	
Operator	1	
Santa Fe	1	
Proration Office	1	
State Land Office		
U. S. G. S.		
Transporter		
File	1	✓